C+D
Chemist+Druggist
news+education+tools for the pharmacy community
www.chemistanddruggist.co.uk
1 December 2007

The new look Care Cough & Cold Range

Care is the 2nd biggest OTC brand sold into UK pharmacies[1] - and now that our new look range of Winter Cough & Cold treatments is dressed in packaging designed to catch the eye of modern mums, it's set to become this season's hottest little mover.

1. IMS Volume Data (MAT June 2007) and Care ex-factory volume (MAT June 2007)

Thornton & Ross Ltd, Linthwaite, Huddersfield, West Yorkshire HD7 5QH Telephon

t's all the rage in pharmacies this season.

And it's much more than just a pretty fascia - it's TLC that offers your customers tried and trusted treatments for coughs, colds and sore throats this winter.

Care™

All the care you need.

484 842217. Care+ and the lozenge device are trademarks of Thornton & Ross Ltd.

Movelat Cream, Gel Abbreviated Prescribing Information. Please consult the full Summary of Product Characteristics before prescribing. **Presentation:** Movelat Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid 2% Ph. Eur. 2.0 % w/w in a white cream base. Movelat Gel contains the same active [illegible] **Indications:** Movelat is a mild to moderate anti-inflammatory and analgesic topical [illegible] symptomatic relief of muscular pain and stiffness, sprains and strains and pain due to rheumatic and non-[illegible] conditions. **Dosage:** Adults, the elderly and children over 12 years: Movelat Cream – two to six inches (5-15 cms) to be [illegible] to the affected area up to four times a day. Movelat Gel – two to six inches (5-15 cms) to be applied to the affected area up to four times a day. **Contraindications:** Not to be used in children under 12 years of age. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. Not to be used in patients with a known sensitivity to any active or inactive component of the formulation. Not to be used in patients with a known sensitivity to aspirin or other non-steroidal anti-inflammatory drugs (including when taken by mouth) especially where associated with a history of asthma. **Pregnancy and lactation:** Not to be used during the first trimester or during late pregnancy. Pregnant or breast-feeding patients must seek a doctor's advice before using Movelat. **Special warnings and precautions:** For external use only. The stated dose should not be exceeded. If the condition persists or worsens, consult a doctor. If pregnant, breast-feeding, asthmatic or on any prescribed medicines, consult a doctor before use. Wash hands immediately after use. Discontinue use if excessive irritation or other unwanted effects occur. **Undesirable effects:** Allergic skin reactions (which may include redness, burning sensation or rashes) may occur in individuals sensitive to salicylates. **Market Authorisation Holder:** Genus Pharmaceuticals Ltd, Benham Valence, Newbury, Berks, RG20 8LU. **Market Authorisation Numbers:** PL 06831/0176 (Movelat Cream/Relief Cream), PL 06831/0177 (Movelat Gel/Relief Gel). **Basic NHS price:** £4.96 per 100g tube. **Legal Category:** P. Further information is available from Genus Pharmaceuticals. **Date of Preparation:** Sept 2007.

Adverse events should be reported to Genus Pharmaceuticals, tel: 01635 568400. Information on adverse event reporting can also be obtained from www.yellowcard.gov.uk

References:
1. Data on file MOV003. 2. Frahm E, *et al.* Topical treatment of acute sprains. *BJCP* 1993;**47**:321–322. 3. Movelat® Cream/Gel SmPC, May 2006.

She's a member of the Move-elite

Ever had the desire to help your patients with acute or chronic pain to feel part of something special? Using Movelat®, the UK's No.1 prescribed topical anti-inflammatory,[1] allows patients to join the Move-elite.

The Move-elite movement has more members than that of any other topical anti-inflammatory preparation.[1]* Its many years of experience combined with its dual action provide anti-inflammatory relief of a quality that you'd expect.[2,3]

So, at the first sight of pain, help them to join the Move-elite.

Movelat®
mucopolysaccharide polysulphate 0.2%, salicylic acid 2%

Affordable pain relief in a class of its own

Date of preparation: September 2007 Code: MOV0907194A
*Movelat is the most widely prescribed topical anti-inflammatory in the UK[1]

Chemist + Druggist
news education tools for the pharmacy community

Comment from the Editor

"There is a growing antipathy to the way pharmacy has been treated"

With all the home countries missing out on next summer's European football championship, there have been renewed calls for the return of the home nations tournament, last held in 1984.

Twenty three years ago, all four home nations finished with an equal win–loss–draw record. But Northern Ireland emerged victorious on goal difference, while Scotland got the wooden spoon. But, it was not just football that was equal: pharmacy services across the UK were more or less uniform, consisting of dispensing, dispensing and more dispensing.

So what's changed since then and how would the countries fare in a modern day home nations pharmacy tournament?

Developments such as prescribing, MURs, diagnostic services and POM to P switches mean pharmacy practice today should be unrecognisable from that provided more than two decades ago. But have we really moved on or are we still fixated on volume?

From our feature on Scotland (p40), it's clear devolution has impacted on developments north of the border. Prescribing clinics, a national minor ailments service with patient lists, a co-ordinated public health role and a supporting IT infrastructure are moulding a pharmacy service that caters for its local population.

Meanwhile, the lack of a new pharmacy contract in Northern Ireland remains a continuing bugbear. But the province's move to pair up pharmacies with community health groups, to ensure a ready made user group for the pharmacy's public health service, is a high scoring initiative that bodes well for the future.

And what of pharmacy in England and Wales? The new contract promised much – closer working with GPs, moving away from a focus on quantity to quality, and fluid movement of services from the enhanced and advanced tiers into essential services. But at the coalface there is a growing antipathy to the way pharmacy has been treated – an attrition of margins on the supply role without a parallel development in nationally funded clinical services.

Given that Dawn Primarolo gave no firm promises before the great and the good of the profession (p9), have England and Wales been left with the wooden spoon?

Gary Paragpuri, Editor

Contents

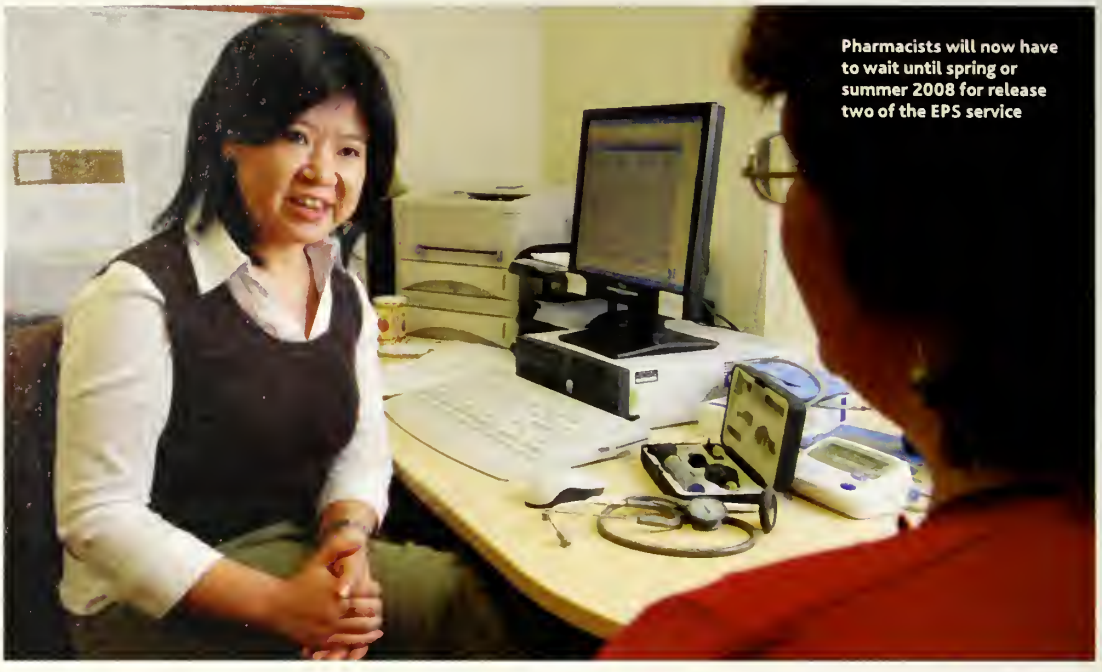
Published Saturdays by CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
C+D on the internet at: www.chemistanddruggist.co.uk
Subscriptions: (Home) £183 per annum; (Overseas & Eire) $450 per annum. Single copies C+D £4.50 (postage extra). Extra Price List for subscribers: £20 per single copy; for non-subscribers: £65 per single copy.
Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF.
Telephone: 01858 468811
Fax: 01858 434958
Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.
The editorial photos used are courtesy of the suppliers whose products they feature. We are not responsible for the content of any external websites referred to in this magazine.

 Origination by ITM Publishing Services, Central House, 142, Central St, London EC1V 8AR. Printed by Headley Brothers Ltd, The Invicta Press, Queens Road, Ashford TN24 8HH. Registered at the Post Office as a Newspaper 24/28/8s

EPS two put back to mid-2008

No GP or pharmacy systems are yet ready to progress to testing, says CfH

Zoe Smeaton



Pharmacists will now have to wait until spring or summer 2008 for release two of the EPS service

Pharmacy received a blow this week when Connecting for Health confirmed release two of the electronic prescription service would not begin rollout until spring, or even summer, of 2008.

Contractors had hoped that testing would begin in January. The news is the latest in a series of setbacks, as it had originally been hoped that release two testing would begin from this October.

It is unclear what is holding the project up at this stage.

Tim Donohoe, group programme director for EPS at Connecting for Health, said: "Although two waves of initial implementation PCTs have already been selected for release two, currently no GP or pharmacy systems are as yet ready to progress to testing in these live environments."

Pharmacists have expressed disappointment at the delay. Kam Saundh, group business development manager of McParland Pharmacies, said: "EPS release two will make life a lot simpler because of the benefits it brings, so this is not the best news for us."

However, others said that it was better to get things right by delaying the release, than find problems when EPS is business critical. EPS two will allow pharmacists to submit payment claims electronically. Patients will also be able to nominate the pharmacy at which they would like to pick up the prescription.

How will you be hit by the latest EPS delay?
haveyoursay@cmpmedica.com

Tories target health checks under 'more commercial contract'

A Conservative government would overhaul the pharmacy contract so pharmacists provide more preventative health checks, according to the shadow health secretary.

In an exclusive interview with C+D, Andrew Lansley said: "Why has the pharmacy contract not led directly to a substantial delivery of things like testing for blood pressure, testing for cholesterol and testing for blood sugar levels? The answer is money is being devoted by primary care trusts to tackling issues to do with immediate treatment rather than preventative work."

To boost the availability of pharmacy health check ups, Mr Lansley said there must be two key factors to make this happen: more incentives for healthcare commissioners to use pharmacy and better relationships with GPs.

He said: "The contract has been designed the wrong way on this complex process of cross subsidisation where nothing is transparent. Pharmacies are commercial organisations; we should have a much more commercial contract."

Andrew Lansley: PCTs are failing to fund preventative treatments

The need for a change is reflected by industry disillusionment with the current contract, Mr Lansley said.

"I get the impression from conversations with both independent pharmacists and some of the larger chains that they are now very unhappy with how the contract is turning out. Be it reimbursement or commissioning of advanced services at the level anticipated, pharmacists may find the contract is not delivering what they expected," he said. **JC**

Do you back the Tory's plan?
haveyoursay@cmpmedica.com

RPSGB more lenient on trivial complaints?

The Royal Pharmaceutical Society will look to cut the number of pharmacists subjected to disciplinary action over trivial complaints. The Society said it plans to make it harder for minor cases to be referred to its investigating committee (IC).

Currently the committee must consider all cases referred to it. However Jeremy Holmes, RPSGB chief executive, said matters that did not threaten patient safety should be weeded out before reaching the IC.

He told C+D: "If a customer accuses a pharmacist of being rude or keeping them waiting too long is that a matter for the investigating committee?" The RPSGB Council is considering the proposals. **MG**

Jeremy Holmes: the man to save the Society?
See page 15

Crystal meth factory may be linked to OTC sales

Industry must be vigilant if P to POM switch is to be prevented

Zoe Smeaton

The jailing of a man for producing crystal meth in his home in Peterborough has sparked fresh warnings about the sale of pseudoephedrine and ephedrine-based drugs from pharmacies.

The man received a nine-month sentence from Peterborough Crown Court in November after pleading guilty to manufacturing the class A drug.

Industry insiders have expressed concern to C+D that the case may have involved the use of pharmacy-bought medicines, which can be used to manufacture crystal meth. Police have been unable to confirm whether this is true. But pharmacists have been warned to remain vigilant, as the MHRA could switch the nasal decongestants to POM at any time if a sufficient crystal meth production problem emerges in the UK.

Roger Walker, chair of the Commission on Human Medicine's expert working group on the topic, told C+D: "It's an example of what we don't want to happen and it highlights the need for vigilance." He added that there were no plans currently to switch the drugs from P to POM on the basis of this case.

Discovery of meth factory won't necessarily lead to immediate P to POM switch for pseudoephedrine

Peterborough Evening Telegraph

He said: "We would have to see a regular pattern, this is a one-off incident and we hope that it stays as that." The group was set up in September to monitor the situation and ensure measures to control sales of the drugs were working.

Meanwhile Sheila Kelly, executive director of PAGB, said: "It is unfortunate that there was another case, but it is a reminder that we can't be complacent."

DH rejects fee rise

The Department of Health has rejected the RSPGB's request for a 56 per cent increase in the premises retention fee.

The 2008 fee has been set at £162, an increase of less than 4 per cent on last year's £156. The decision follows fierce opposition from proprietor representatives PSNC, NPA, CCA and AIMp against the Society's proposal, which if implemented would have seen the charge rise to £243.

PSNC head of regulation Steve Lutener said: "The increase of 3.8 per cent agreed... is a much more appropriate level than that requested."

The Society was unable to comment as C+D went to press. **JR**

Minister lacks answers

Pharmacy minister Dawn Primarolo failed to ease pharmacists' fears over polyclinics and commissioning during an address to the all-party pharmacy group at Westminster this week.

In response to questions from the floor on how the government planned to make better use of the profession, she said: "I don't presume today to have all the questions answered. There would be little point in having a white paper if the government had already decided what to do."

The comments came as Ms Primarolo gave the Department of Health's response to the APPG report, which found community pharmacy poorly integrated into the NHS.

The minister heard repeatedly about the ineffectiveness of practice-based commissioning at a local level from pharmacy representatives.

A number of attendees also voiced concerns that polyclinics and large health centres, as proposed by the Darzi report, would damage the local health network.

Sandra Gidley, Lib Dem MP, said: "It's frustrating in that Ms Primarolo wouldn't commit on anything. The good thing was, a lot of people were making points quite strongly on practice-based commissioning and polyclinics. I think she'll go away with more of an impression of the strength of feeling in pharmacy." **JC**

News in brief

More primary care funds

The "amount of funding into primary care will be increased" national clinical director for primary care David Colin-Thomé told guests at the NPA Chairman's Triennial Dinner this week. He also told the assembly that pharmacy needed to punch its weight and use its influencing skills with commissioners to say "we can do that" instead of waiting to be approached.

PDA Union executive

Pharmacists who join the Pharmacists' Defence Association Union before December 7 will be eligible to stand and vote for the trade union's 11 executive positions. Nominations close on December 21 and the board will meet for the first time before the end of April.

NPA takeover round two

The NPA will attempt to seal its takeover of the Pharmacy Mutual Insurance Company at the second attempt on December 18.

The deal stalled after the NPA failed to secure the 95 per cent support it needed from PMI policy holders at an EGM on November 7. The PMI board is now seeking to change the sales rules so only 75 per cent backing is needed to action the deal.

Forth Valley's MAS peak

Nearly 40,000 people in the Forth Valley area have signed up to the minor ailments service since its introduction to the Scottish pharmacy contract in July last year. NHS Forth Valley chairman Ian Mullen OBE said the service was "highly valued by patients".

Acomplia update

The SPC for Acomplia has been updated to include the results of the Serenade study.

This placebo-controlled trial showed that rimonabant 20mg decreased HbA_{1c} by 0.8 per cent over six months in newly diagnosed naïve type 2 diabetic patients.

See www.emc.medicines.org.uk for more information.

Sanofi-aventis has also asked us to clarify that it is not seeking an OTC licence for rimonabant in Europe as stated last week (C+D, November 24, p23).

TALK

Will the white paper further relax control of entry?

"It will. It's already got easier with 100-hour pharmacy. We were the first and since then the floodgates opened. But being able to open a pharmacy and being able to run one are two very different things."
Ferride Karson, Karsons Pharmacy, Rochester, Kent

"It depends on what the government thinks is in its best interests. If it needs something to hold over the head of pharmacy it will. They realise control of entry is a good tool for negotiating."
Kevin Western, Coggeshall, Essex

WEB VERDICT:

Yes: 69%
No: 31%

Armchair view: More deregulation is just around the corner, according to feedback to last week's poll. Almost three-quarters predict further diversions from the necessary and desirable test in next year's Galbraith review.

This week: As further delays to the NHS IT project are revealed, we ask what it means to you. Will your business suffer because of delays to EPS 2 rollout? Vote at: **www.chemistanddruggist.co.uk**

Calls to formalise role in obesity management

Community pharmacists are underused resource, says Scottish project

Jennifer Richardson

Community pharmacists are an "underused prevention resource" in weight management and the Scottish Government should consider formalising their role in obesity services, an NHS body has said.

The Scottish Obesity Action Resource project's national report, commissioned by the Scottish Public Health Network, concludes that few pharmacies are offering obesity services and that they do not have sufficient access to training for them.

"The Scottish Government should hold discussions with community pharmacy representatives in order to evaluate whether the role of community pharmacists in obesity prevention and treatment could be formalised," the report recommends.

Community Pharmacy Scotland's head of policy and development, Elspeth Weir, suggested weight management could be integrated into the Scottish contract's public health service element.

A Scottish Government spokesperson said its consultation 'Better health, better care' would outline any service expansion plans. But she added: "It's something that we're keen to see where possible – pharmacists developing the services they provide. Pharmacists are playing a much bigger role in cutting health problems and obesity is obviously a health problem."

Problems with pharmacists' involvement in weight management extended across the border, as Rowlands NHS liaison manager Liz Stafford told last week's NHS Alliance conference in Manchester of the difficulties Central Lancashire LPC had in getting a local service commissioned.

"Our efforts to get this going have been frustrated by poor communication and a lack of clarity around the commissioning progress," Ms Stafford said. She called for obesity management to be made an advanced service.

Rowlands commercial director John D'Arcy added: "Tackling obesity is a key priority for the NHS and an area where pharmacy is ideally placed to make a contribution.

"But, yet again, lack of 'joined-upness' and low recognition for pharmacy has seen pharmacy services put on hold."

Should obesity services get a formal role?
mgosney@cmpmedica.com

Dale McVeigh (inset) of Weldricks Pharmacy, Doncaster, was named Almus patient safety award winner at the UniChem Pharmacy Awards 2007. He scooped the prize after creating a new working environment to encourage safer working. His colleague Ravi Mohan (centre) collected the award from Tony Foreman, chief executive of Almus Pharmaceuticals (far left), and Lord Narin Patel, of the NPSA (right). Raj Patel of Mount Elgon Pharmacy in Wimbledon was named the overall awards winner. The victorious pharmacist stunned the audience, and presumably his girlfriend, by proposing as he picked up the award. UniChem chairman Mike Smith said: "The achievements of these individuals send a very strong message to the Department of Health that pharmacy can and will deliver." For all the winners go to www.chemistanddruggist.co.uk

MHRA reveals anti-counterfeiting plan

The MHRA has unveiled its first anti-counterfeiting strategy, following the recall of four batches of fake medicines from the UK market this year.

But pharmacists need to see the UK medicines regulator's list of at-risk medicines to fulfil their potential in the fight against counterfeits, NPA director of practice Colette McCreedy said.

Central to the MHRA's three-year plan is a 24-hour hotline (020 7084 2701) for reporting counterfeits. Pharmacists were urged to be vigilant and report potentially defective products.

Mick Deats, group manager of the MHRA's enforcement and intelligence group, said: "We want healthcare professionals to have enough knowledge to know that reduced efficacy of a drug could be because there's a counterfeit in the chain."

Ms McCreedy said: "[Pharmacists] need to be continually vigilant about where we purchase our medicines from. That list of at-risk medicines will help us to increase our vigilance."

Mr Deats responded: "I fully agree with you, you should have access to that list." The NPA would pursue the issue further, Ms McCreedy told C+D. **JR**

Panadol NightPain.
Helps to end the nightmare of night pain.

Paracetamol, diphenhydramine

Panadol NightPain has a unique formula containing 500 mg of paracetamol and 25 mg of diphenhydramine hydrochloride. Just two caplets taken at bedtime can provide effective relief from night pain, enabling a good night's sleep, so your customers can wake refreshed for the day ahead.

- Paracetamol offers effective relief from pains such as headaches, acute lower back pain, dental pain, rheumatic pain, sprains and strains.
- Diphenhydramine has a sedative action[1] and in doses of 50 mg causes significant drowsiness for up to 6 hours[2].

Panadol NightPain Product Information. Presentation: Green capsule-shaped tablets. Paracetamol 500 mg and Diphenhydramine Hydrochloride 25 mg. **Uses:** Short term treatment of bedtime pain, such as rheumatic and muscle pain, backache, neuralgia, toothache, migraine, headache and period pain which is causing difficulty in getting to sleep. **Dosage and administration:** For night-time use only. Adults: Two tablets, twenty minutes before bedtime. Consult a doctor if symptoms persist for more than 7 nights. Children (under 12 years): Not recommended, except on doctor's advice. **Contraindications:** Known hypersensitivity to ingredients; porphyria; glaucoma; acute asthma. **Precautions:** Severe renal or hepatic impairment, epilepsy, prostatic hypertrophy, urinary retention, pyloroduodenal obstruction, myasthenia gravis, severe cardiovascular disease, asthma, chronic pulmonary disease, elderly. **Pregnancy/lactation:** Not recommended. Interactions: Other sedating drugs or alcohol, antimuscarinics, tricyclic antidepressants, MAOIs, metoclopramide, domperidone, colestyramine, anticoagulants. **Side effects:** Rarely, hypersensitivity including skin rash, blood disorders; sedation, dry mouth, urinary retention, blurred vision, thickened respiratory tract secretions and chest tightness; bradycardia, tachycardia; headache; cross sensitivity to related drugs; photosensitivity; GI disturbances; psychomotor impairment; jaundice; paradoxical stimulation. **Overdosage:** Seek immediate medical advice even if the patient feels well. **Legal Category:** P. **Product licence number:** 00071/0423. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 20 tablets £3.89. **Date of last revision:** April 2005. Panadol is a registered trade mark of the GlaxoSmithKline group of companies. pan/ogi/09/07/01.

References: 1. Witek TJJ, Canestrari DA, Miller RD, Yang JY, Riker DK. Characterization of daytime sleepiness and psychomotor performance following H_1 receptor antagonists. Ann Allergy Asthma Immunol 1995; 74: 419–426. 2. Gengo F, Gabos C, Miller JK. The pharmacodynamics of diphenhydramine-induced drowsiness and changes in mental performance. Clin Pharmacol Ther 1989; 45: 15–21.

News in brief

Pseudoephedrine guide

The RPSGB has issued a law and ethics bulletin on the sale of pseudoephedrine and ephedrine-containing products. Staff may sell PSE products if they are "trained or undertaking training relating to pseudoephedrine and ephedrine issues". If staff do not have appropriate training it is recommended the pharmacist makes the sale personally.

Resource for school visits

A resource to teach children to use medicines safely and effectively is available to National Pharmacy Association members. 'Asking About Medicines As We Grow Up' is designed for pharmacists delivering information at schools. You can download at www.npa.co.uk/members.

Pharma slams Oxfam

The Association of the British Pharmaceutical Industry has hit out at Oxfam for accusing the pharma industry of not doing more to provide access to medicines in developing countries. The ABPI said the charity's report 'Investing for Life', put too much blame on the industry's defence of patents when the problem was that "poor countries cannot afford any price, however cheap".

Ask about medicines

Pharmacists are encouraged to enter the Ask About Medicines Awards for Excellence 2008. The awards recognise excellence in providing information for medicine users. The closing date is February 29, 2008. For more information or to enter go to www.askaboutmedicines.org/awards

'Normalise' condoms

Family Planning Association chief Anne Weyman has called for an end to the "prudish, Victorian attitude" around condom advertising. Commenting on a government report issued this week, she said: "This is about taking public health seriously and normalising the subject of condoms."

UniChem beauty boost

UniChem has appointed a dedicated health and beauty buying team in a bid to offer improved trade pricing on key lines. Customers will get a list of offers in a monthly publication.

Support for national minor ailments scheme

Suggested risks not borne out by evidence, PAGB reception hears

Jennifer Richardson

Academics and GPs voiced their support for a national pharmacy minor ailments service (MAS) at a parliamentary reception last week.

King's Fund senior fellow Nick Goodwin said a pharmacy MAS could relieve pressure on GP appointments and was a "policy option worth considering".

"The risk that some people attach to it, causing an increase in prescribing costs as pharmacists prescribe more, isn't really borne out by the evidence," he told the Proprietary Association of Great Britain's annual parliamentary self-care reception.

The BMA's General Practitioners' Committee chairman Dr Laurence Buckman asked: "Why not allow pharmacists to make certain prescription drugs available to those who do not pay prescription charges?"

The PAGB reception was hosted by the All-Party Parliamentary Group on Primary Care & Public Health. Attendees included 17 MPs and representatives of the House of Lords and healthcare stakeholders.

PSNC spokesperson Dipen Shah said the comments were "encouraging". But the NPA was awaiting "definitive action" rather than just "warm words", spokesperson Neal Patel said, although he added: "It's good we've got academics backing us up."

Health minister Ben Bradshaw told the reception: "There's so much more pharmacists could do. Far too often they're not brought to the forefront."

Nick Goodwin: MAS could take the pressure off GPs

Could pharmacy cut casualty queues?
jrichardson@cmpmedica.com

Pharmacists could cut A&E admissions

Pharmacists should be considered for involvement in primary care triages that filter admissions into casualty departments, Royal Pharmaceutical Society chief executive Jeremy Holmes has suggested.

GP Howard Stoate MP told the Proprietary Association of Great Britain's annual parliamentary self-care reception about a system in which patients presenting to A&E are seen first by a GP, who determines whether or not emergency care is required.

"It is a way we can reduce admissions to expensive, high-tech casualty departments," Dr Stoate explained.

Mr Holmes told the MP: "There might be an argument for getting pharmacy closer to the front line."

Industry ponders GP plans

Thirty-eight PCTs with the poorest GP provision in England will gain 100 surgeries over three years, health secretary Alan Johnson has announced.

Both national and local pharmacy representatives welcomed the move to address health inequalities, but said it was impossible to predict the effect on local pharmacy networks.

PSNC's spokesperson Dipen Shah said: "Anything that actually helps to resolve health inequalities can only be a good thing, but it's very difficult to say what the effect on pharmacy's going to be."

It was possible increased script volumes could boost business, Mr Shah said, adding: "These are the sorts of areas where additional services might be very handy as well." These could include minor ailments services and diabetes screening, he suggested. **JR**

How will new surgeries affect pharmacy?
jrichardson@cmpmedica.com

Book-in for treatment to improve mental health

Pharmacists could assist patients using self-help books to cope with mental health problems, under a scheme that has been launched in west Norfolk.

Through the book prescription service, primary care workers prescribe recommended books, that patients can borrow from local libraries, and then support patients as they read them.

Cindy Foley, team leader for primary mental healthcare in west Norfolk, said pharmacists were well placed to play a role in the scheme and that she was looking to discuss this possibility.

Pharmacy leaders supported the idea in principle. Paul Gimson of the Royal Pharmaceutical Society said signposting people to relevant resources was an important part of pharmacists' developing public health role. **ZS**

A proposal

Do you want to purchase
high-quality generic
pharmaceuticals at an
affordable price?

At Winthrop, the partnership between quality and affordability is our driving force, which is why we devote as much resource to ensuring the quality of our products as we do to selling them.

We also prize our relationship with pharmacists, and for more than 20 years have been supplying pharmacies with some of the best-known pharmaceuticals in the industry.

With Winthrop, you'll find it's our price that's generic, not our quality.

Winthrop
PHARMACEUTICALS
Economise without compromise

For further information please freephone 0800 854431 or contact Winthrop Pharmaceuticals, 1 Onslow Street, Guildford, Surrey, GU1 4YS. Fax number 01483 554809. Date of preparation: June 2007 STW 335

Important announcement

New distribution arrangements for Astellas Transplant Medicines in the UK

Prograf® Tacrolimus and ADVAGRAF® tacrolimus prolonged release

It has been brought to our attention that UK pharmacists have had difficulties obtaining supplies of **Prograf®** for their patients from their wholesalers. The timely supply of all medicinal products is critical and it is particularly vital that transplant patients receive their prescribed medicines regularly.

In response, we have had to act with urgency to ensure the supply of these medicines to our transplant patients.

We have therefore taken the decision to distribute all our transplant medicines directly to pharmacists and other dispensing points with effect from 26th November 2007.

We have appointed **UniChem,** with its service and coverage expertise, as our sole distribution logistics service provider in the UK for all our transplant medicines. In Northern Ireland **UniChem** has sub-contracted **Sangers (NI) Ltd** to deliver these medicines on its behalf. We are confident this action will ensure the supply of these life saving medicines to UK patients.

To make this change as smooth as possible, there will be a handover period until 26th November 2007. Until this date, you will be able to order Astellas **Prograf®** and **Advagraf®** from your current wholesaler. The vast majority of dispensing points are already ordering some, or all, of their medicines through **UniChem/Sangers (NI) Ltd** and will be able to order our transplant medicines **(Prograf® and Advagraf®)** through their existing accounts. **UniChem/Sangers (NI) Ltd** will be contacting all customers shortly to confirm ordering processes. Any dispensing point that does not currently have a trading account with **UniChem/Sangers (NI) Ltd** and wishes to obtain our transplant medicines from 26th November 2007 should contact **UniChem** immediately on **0800 389 3455 or e-mail sales_customersupport@unichem.co.uk** or **Sangers (NI) Ltd** on 02890 401111.

To ensure the timely delivery of Astellas Prograf® and Advagraf® you should place orders directly with UniChem from 26th November 2007.

If you have any enquiries regarding this change or if you experience issues ordering **Prograf®/Advagraf®** please contact Astellas Customer Services on **01784 419 615.** For medical information about **Prograf®/Advagraf®** please contact our medical information department on **0800 783 5018.**

Please note this change only applies to our transplant medicines. All other Astellas Pharma Ltd products can be ordered in the normal way.

We hope you understand that this decision was not taken lightly. Our responsibility as holders of the UK marketing authorisation for **Prograf®** and **Advagraf®** is to ensure the supply of these vital medicines to pharmacists and their patients in the UK.

Astellas Pharma Ltd
Lovett House
Lovett Raad
Staines
TW18 3AZ
www.astellas-europe.ca.uk/affiliates/uk

astellas
Leading Light for Life

ASTPRG010-07/November 2007/G+D/WBR

Under pressure from policy makers and under fire from pharmacists, Jeremy Holmes tells Max Gosney how he will turn things around for the RPSGB

Holmes on the case

Three and a half months into the job and Jeremy Holmes must wonder if HR might have issued him with a tin hat. Becoming chief executive of the Royal Pharmaceutical Society in late 2007 has involved being thrown into a fire fight. Pharmacists are threatening revolt over a 40 per cent hike in retention fees while the government takes away the Society's regulatory role and with it the organisation's revenue from mandatory membership fees.

"Nobody can say this job is without challenge," Mr Holmes remarks calmly. "I was driving a member of Council home and he asked 'why did you take this job?'. I told him it was a once in a lifetime opportunity. He replied that it's more than that, it's a once in a century chance." For a man boasting a double first honours degree from Oxford, the decision won't have been taken lightly. Yet, many would have walked away.

The RPSGB has perhaps never been more unpopular among its members or more uncertain of its future than right now. The government will strip the Society of its regulatory role from 2010 as part of its bid to develop more transparent regulation of healthcare professionals. The dawn of a new General Pharmaceutical Council means pharmacists will no longer have to join the Society. The financial stability of guaranteed membership goes out the window as the RPSGB vies to become a voluntary royal college-style body providing professional support.

The Society claims the cost of these forced changes have left it no choice but to increase membership fees by 40 per cent in 2008. Yet, a move designed to relieve pressure has actually made things worse. Over 10,000 pharmacists, nearly a quarter of the profession, signed an online protest against the RPSGB fee hike. A Society-led consultation on the increase revealed an organisation deeply at odds with those it seeks to represent. More restrained respondents described the RPSGB as poor value for money while others expressed their anger in what might politely be termed as "vigorous language".

"It wasn't a huge surprise," Mr Holmes says of the consultation's response. "It would have been naive to think a 50 per cent rise would have met with widespread support. It was important for us to get the strength of feeling." A quick glance at comments left on the C+D website reveals the vitriol the RPSGB is facing. One comment reads: "I don't know why all pharmacists do not boycott the Society, which does not represent value for money. We must lobby 10 Downing Street and go on strike."

Yet Mr Holmes argues the feedback can be used constructively. The Society is looking to introduce staged fee payments following requests in its consultation exercise, he says. Beneath pharmacists' anger over fees lies an extraordinary bond with the Society, Mr Holmes says. "We haven't got things all right, but underneath the surface people are saying this is a professional family."

The relationship needs nurturing after a breakdown in communication, he admits. "With our members we need to listen as well as talk. You have to have a tin can at both ends of the rope." Mr Holmes plans a series of communication vehicles to reach the pharmacy family. "Not everybody reads the PJ, not everybody reads [our website], and certainly not everybody goes to branch meetings. Reaching these people is about multi channel broadcasting. We want to use every channel we can."

Mr Holmes's message is that the Society has fought hard with the government for funding to support its demands for change. Yet the £3m received so far is not enough, he says. The RPSGB has asked members for money to support its pension deficit. But the organisation has acted "responsibly" and is not alone in suffering a pension shortfall, he argues. The RPSGB will deliver better value for money, Mr Holmes says. A series of cost savings are to be unveiled in early 2008 and the chief executive is demanding focus on the transition to a GPC and developing the Society as a professional leadership body. The success with which he meets the challenge will define his legacy and that of the RPSGB. "It's Darwinism. It's not the strongest or the most intelligent that survive, but those that adapt best to change. We can adapt in three years, no problem. We're already well on the way."

The Holmes four point plan:

1 Improve communication with members:
The RPSGB will embrace multimedia and look to reach members through a number of channels. Mr Holmes promises new communication vehicles in the new year. "Effective communication is a dialogue," he says. The RPSGB will also look to re-energise its branch network.

2 Focus on transition to GPC and forming an RPSGB-led professional leadership body:
The RPSGB will provide a portfolio of products and services that individual pharmacists value, Mr Holmes says. The professional leadership group will also look to boost pharmacy's profile in the national media, Mr Holmes says.

3 Services and support:
The RPSGB will offer a portfolio of products and services that help pharmacists in their day to day practice. The Society already does a lot of good work in these areas, but has not always communicated this, Mr Holmes says.

4 Cost savings:
The RPSGB has identified savings in its 2008 budget.

What's your view of Jeremy Holmes' plans?
haveyoursay@cmpmedica.com

Rotavirus vaccine gives good protection

European study endorses use of Rotarix against rotaviris gastronenteritis

Asha Fowells

GSK's rotavirus vaccine Rotarix has been shown to be highly effective against rotavirus gastroenteritis of any severity.

A paper published in The Lancet details a European study involving nearly 4,000 infants aged under two years. Subjects were randomly assigned to receive either two doses of the oral rotavirus vaccine or placebo at the same time as other childhood injections.

Vaccine efficacy against severe rotavirus gastroenteritis was 90.4 per cent, for hospital admissions 96 per cent and for rotavirus-related medical attention 83.8 per cent.

The authors say their findings confirm the need for long-term protection conferred by a vaccine against rotavirus gastroenteritis, a common illness during the first two years of life, and call for the vaccine to be integrated into existing childhood immunisation programmes.

However, in an accompanying editorial, two child health experts say more research is needed, particularly in developing countries, before routine rotavirus vaccination can be adopted.

Although they highlight the half a million deaths in children under five from rotavirus diarrhoea, they say that oral rotavirus vaccines have previously failed in countries where malnutrition, other diseases such as HIV and malaria, and maintaining the cold chain can be challenging.

www.thelancet.com

FDA investigates adverse events associated with varenicline

The US drug regulator FDA is evaluating post-marketing adverse events after aggressive and erratic behaviour led to the death of an individual who took varenicline in an attempt to quit smoking.

The Food and Drug Adminstration has asked manufacturer Pfizer to provide information on any additional cases that might be similar.

In a statement the agency said that the drug's exact role in the reported death was unclear because other factors including alcohol consumption were also involved.

It also announced that it was evaluating post-marketing reports

of suicidal thoughts and drowsiness submitted by Pfizer.

Any part the drug may have played in causing psychiatric symptoms will be difficult to assess, as quitting smoking is associated with exacerbation of underlying psychiatric illness as well as routine nicotine withdrawal symptoms.

Healthcare professionals have been requested to monitor patients for behaviour and mood changes.

Patients have been asked to report symptoms to their physicians, and have been warned to be cautious in driving and operating machinery until they know how quitting smoking with the aid of the drug may affect them.

www.tinyurl.com/ys4kqm

DH antivirals for half of UK

The government plans to stockpile enough antivirals to treat half the UK population in the event of an influenza pandemic.

The new Department of Health flu pandemic plan also states that it will buy nearly 15 million courses of antibiotics to cover at-risk groups, and 350m surgical masks for NHS frontline staff.

This is in addition to the government's existing stash of 3.3m doses of H5N1 pre-pandemic vaccine for healthcare workers.

The document has been prepared to ensure a robust response if a worst case scenario of between 25 and 50 per cent of the population was struck down by the viral disease.

Health secretary Alan Johnson announced the plan, saying that the threat of a pandemic was "real", yet the timing or severity could not be predicted.

http://www.dh.gov.uk/en/PandemicFlu/index.htm

Clinical Alerts

MHRA recalls

Chloramphenicol 0.5 per cent eyedrops (FDC, Almus and Ivax liveries), timolol 0.25 and 0.5 per cent eyedrops (FDC, APS, Almus and Ivax liveries), hypromellose 0.3 per cent eyedrops (FDC livery). Recalled due to rough surface on dropper tip. Stock should be returned to supplier for credit. For more information, telephone FDC's Santosh Amoncar on 01329 841560.

SPC changes

Campral 333mg tablets (acamprosate). New warning on monitoring alcohol-dependent patients for symptoms of suicidality.

Corsodyl spray, mouthwash and dental gel (chlorhexidine). Text revised to include hypersensitivity and anaphylaxis warnings.

Novorapid 100U/ml vial, penfill and FlexPen (insulin aspart). Stronger warnings on glucose monitoring and possible dose adjustments in patients with renal or hepatic impairment.

Kytril 1mg and 2mg tablets (granisetron). Dystonia and dyskinesia added to undesirable effects section.

Epivir 150mg tablets (lamivudine). Dosing recommendations for children, by weight.

Combivir tablets (lamivudine, zidovudine). Dosing recommendations for children, by weight.

Risperdal Consta 25mg, 37.5mg and 50mg tablets (risperidone). Rare possibility of retinal artery occlusion added to warnings and undesirabvle effects section.

Clinical Alerts

Supply issues

Liquivisc eyedrops 10g (carbomer 974P). Transfer of product between companies delayed, with resulting disruption to supply. New stock likely to become available in early 2008. For more information, contact Allergan on 01628 494444.

Rogitine 10mg ampoules (phentolamine mesilate). Manufacturing delay causing stock shortage. Resolution expected in January 2008. Contact Alliance Pharmaceuticals for more information, tel: 01249 466966.

Discontinued products

Cicatrin cream and powder (neomycin sulphate, bacitracin zinc). Discontinued from December due to manufacturing issues. Stocks likely to be exhausted by March 2008. Contact GSK, tel: 0800 221441.

ViP

Vesicare Information Programme

Extensive patient support programme from Astellas

The Vesicare Information Programme (ViP) is an entirely free and **confidential programme for patients** who have been prescribed Vesicare.

When patients join, they will receive a **comprehensive range of support items**, which will help them get the most out of their Vesicare treatment.

Each pack of Vesicare now mentions the ViP, as a reminder, on the outside.

Many patients are still unaware of all the benefits of the ViP. Please advise patients, taking Vesicare, of the availability of the programme; the patient leaflet, inside each pack, has more details on how Vesicare patients can join. Furthermore, our **representatives** will be happy to provide you with any additional information or answer any questions you have on the programme, or you can call the ViP helpline on 0800 072 7740.

Vesicare® ▼
solifenacin

ABBREVIATED PRESCRIBING INFORMATION

Presentation: Vesicare® film-coated tablets containing [illegible] solifenacin succinate. **Indication:** Symptomatic treatment of [illegible] and/or increased urinary frequency and urgency as may occur [illegible] overactive bladder syndrome. **Dosage:** *Adults:* Recommended [illegible] 5mg [illegible] daily. If needed, the dose may be increased to 10mg once daily. *Children and adolescents:* Should not be used. **Contraindications:** Lactation. Urinary retention, severe gastrointestinal condition (including toxic [illegible]), myasthenia gravis or narrow-angle glaucoma and in patients at risk for these conditions. Patients hypersensitive to the active substance or to any of the excipients, or undergoing haemodialysis, or with severe hepatic impairment or with severe renal or moderate hepatic impairment and on treatment with a potent CYP3A4 inhibitor. Patients with rare hereditary problems of galactose-intolerance, Lapp lactase deficiency or glucose-galactose malabsorption. **Warnings and Precautions:** Pregnancy. Assess other causes of frequent urination before prescribing. Use with caution in patients with clinically significant bladder outflow obstruction at risk of urinary retention, gastrointestinal obstructive disorders, risk of decreased gastrointestinal motility, autonomic neuropathy [illegible] (doses not to exceed [illegible]) [illegible] CYP3A4 [illegible] hiatus hernia/gastro-oesophageal reflux and/or [illegible] medicines that can cause or exacerbate [illegible]. **Interactions:** [illegible] other anticholinergics may result in more pronounced [illegible] undesirable effects. Allow one week after stopping Vesicare before commencing other anticholinergic therapy. Therapeutic effect may be reduced by concomitant administration of [illegible] reduce effects of stimulators of gastrointestinal tract motility. [illegible] concomitantly with ketoconazole or other CYP3A4 [illegible] dose should be 5mg due to 2-3 fold increase in AUC [illegible]. Pharmacokinetic interactions are possible with other [illegible] higher affinity and CYP3A4 inducers. **Adverse Effects:** [illegible] mouth, constipation, [illegible], dyspepsia, abdominal pain, [illegible] gastroesophageal reflux [illegible] dry throat, urinary tract [illegible] somnolence, dysgeusia, [illegible] eyes, fatigue, oedema [illegible] dry skin, difficulty in micturition, colonic obstruction, faecal [illegible] [illegible] Category: POM. Product Licence Number: [illegible] Date of Preparation of API: [illegible]. Further information available from [illegible]

Information about adverse event reporting can be found at www.yellowcard.gov.uk Adverse events should also be reported to Astellas Pharma Ltd. Tel. 0800 783 018.

astellas

Bethany Straker

Lydia Allen, relief pharmacist at Update Pharmacy, has met her friend Ros for lunch. During the meal, Lydia remarks: "I've just realised you're wearing a beret. I've never seen you in a beret before."

Ros looks embarrassed, then sighs and takes it off, saying: "I'm glad you mentioned it actually. I was trying to hide it because I feel so ashamed, but look how thin my hair is."

Lydia looks, then says reluctantly: "Well, maybe it's not as nice and thick as usual."

"You're just being kind, Lyd. I'm losing my hair. Be honest."

"OK, it does look thin. Do you know why?"

"No idea. But you're the pharmacist, what do you think?"

"How long has it been going on for?" asks Lydia.

"It's been getting thinner over the last few years, since just before I had my hysterectomy. I don't think it's genetic because my mother has wonderful thick hair so I wondered if it could be the HRT I've been taking ever since the op."

"Normally HRT would make your hair thicker, if anything," Lydia replies. "What are you taking?"

"I was taking conjugated oestrogen tablets. But my doctor wanted me to come off HRT a few months ago. I persuaded him to let me carry on, but he switched me to tibolone because he thought it might have fewer potential risk factors. I didn't mention the hair loss to him, but it's actually got worse, if anything. If I can't stop it, is there at least something I can do to make it less obvious?"

Questions

1. Why might tibolone have made the hair loss worse?
2. Is there anything that Lydia could advise Ros to try?
3. What could Lydia advise to make the hair loss less noticeable?

Answers

1. Tibolone is a synthetic molecule with combined weak oestrogenic and androgenic properties. Androgenic effects may have exacerbated hair loss.
2. Minoxidil 2 per cent solution is available as a P medicine. There is evidence of limited efficacy.
3. To make hair loss less noticeable:
   - Use a semi-permanent colour to add shine and vitality and give a healthier looking frame to the face. A deep, rich colour will give the appearance of thicker hair.
   - A shorter cut would make the hair look healthier and thicker.
   - Self-grip rollers can help increase the volume of flat hair.
   - Comb conditioner through the hair while it is wet and before rinsing, to detangle it with the least amount of stress to the hair shaft and avoid unnecessary further loss.

CPD This article can help in the following CPD competencies: **G1c, C1f, C1b, C1c.** See www.tinyurl.com/194zu

Why resort to crushing tablets when there are better solutions?

Many people have trouble taking tablets and this can carry serious consequences. Patients and carers alike open capsules, crush tablets or mix medicine into food and drink to aid administration which can render medicine ineffective.[1]

The answer is to offer a liquid alternative to their tablets. Rosemont focus on liquid medicine and offer a wide choice of alternative solutions across a broad range of therapeutic areas.

Rosemont™

The source of liquid solutions.

Reference: 1. Greener M, Ferguson R. *Pharm Mag* 2005; 11: 44.

Rosemont Pharmaceuticals Ltd. Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds LS11 9XE **T** +44 (0)113 244 1400 **F** +44 (0)113 245 3567
E infodesk@rosemontpharma.com Sales/Customer Service: **T** +44 (0) 113 244 1999 **F** +44 (0) 113 246 0738 **W** www.rosemontpharma.com

Xrayser

The great CPD escape

I'm relieved that CPD won't become mandatory till 2010 (C+D, November 24, p6), because I was starting to worry about the fact that I hadn't done any.

As 2008 approaches, the standing joke among my staff that I would be struck off next year if I didn't pull my finger out is starting to wear a little thin. "Better put that in your CPD diary before the inspector comes," jokes my dispenser Ann. "Better finish those Nomad trays before Mrs Jones gets here," I retort.

Margaret and Jean even offered to fill in a few pages for me, pointing out that it was no more difficult than their NVQ evidence collection. It was a kind offer but I suggested that they had more important things to do. We've all got better things to do, of course – I've been promising to treat everyone to cakes for ages now, but still not got around to it.

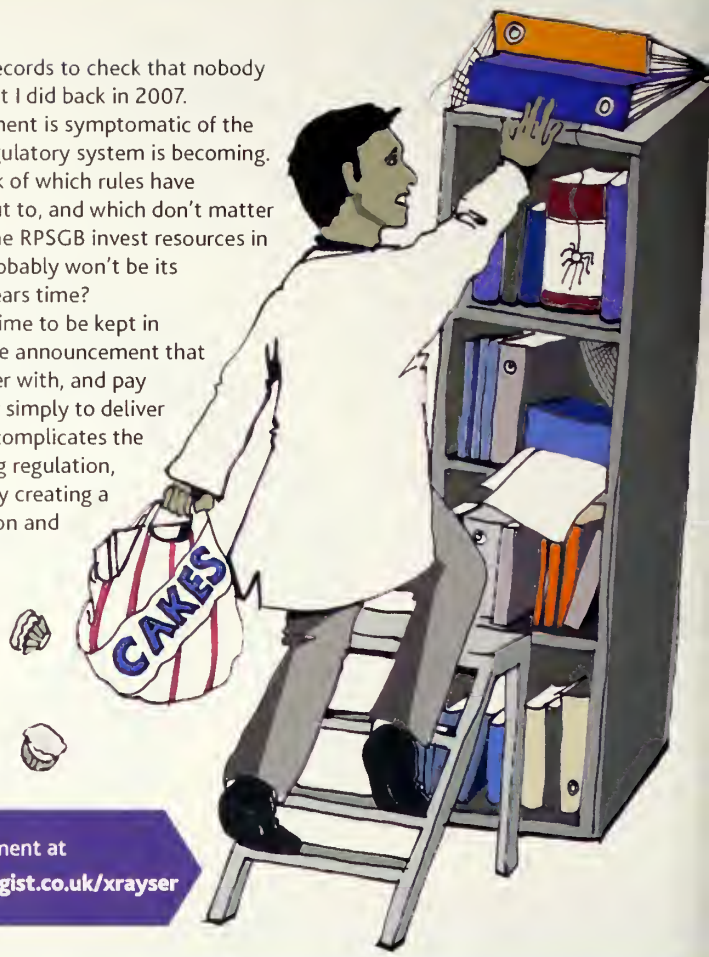
I know all about the theory of CPD. I've had a look through all the literature, and my 'Plan & Record' file is up there on the shelf gathering dust. I did make one entry about a year ago, just to see how difficult it was. Dismissing it as easy, I thought I'd fill up the folder retrospectively when it became essential.

I tell myself that I can duck the issue while it's an ethical responsibility rather than a mandatory obligation. And for £395 somebody should be doing it for me anyway.

I'm so glad I haven't wasted my time over the past two years filling out forms telling myself how effective my learning has been. By 2010 there will be such a backlog of CPD records to check that nobody will be interested in what I did back in 2007.

This latest announcement is symptomatic of the dog's dinner that our regulatory system is becoming. It's difficult to keep track of which rules have changed, which are about to, and which don't matter any more. Why would the RPSGB invest resources in issues like this, which probably won't be its responsibility in a few years time?

Three years is a long time to be kept in regulatory limbo, and the announcement that we might have to register with, and pay another regulatory body simply to deliver enhanced services only complicates the issue. Far from improving regulation, the government is simply creating a huge amount of confusion and disillusionment. This is exactly the sort of environment where mistakes are made, rogues can cheat the system and patients suffer.



Is Xrayser right? Comment at
www.chemistanddruggist.co.uk/xrayser

Your views

Mandeep Mudhar

National funding needed for weight management schemes

I would like to echo the comments made by Sue Sharpe (C+D, November 17, p18) challenging pharmacy to tackle the obesity epidemic. With the right support and the right focus, pharmacy can deliver some fantastic results in tackling this condition, and the recent obesity management pilot service in Coventry that was facilitated by UniChem Professional Services, has most certainly demonstrated this.

If, as Sue Sharpe commented, 10 pharmacies in Coventry can support targeted patients into losing over 200kg in weight, imagine what a nationally funded core pharmacy service can do.

At UniChem we have been delighted with the success of the Coventry project but what has become very clear is that one project in one PCT is just not enough, and I would urge PSNC and the Department of Health to look very closely at the potential for providing national funding for weight management as an advanced service.

The long-term saving to PCTs in reduced hospitalisation and/or prescribing for obesity and associated conditions, would more than pay for any funding released to pharmacy to provide this service.

Unfortunately it seems we still face a significant challenge in getting more PCTs to properly engage and make any real commitment to funding an obesity management service in pharmacy. UniChem now has a working template for such a service and would be more than willing to share this model with other stakeholders, for the provision of a nationally funded service. I would urge the DH to consider this as part of the upcoming white paper for pharmacy.

Mandeep Mudhar, head of commercial services, UniChem

> "What has become very clear is that one project in one PCT is just not enough"

Do you agree with Mandeep? Email
haveyoursay@cmpmedica.com

Nothing treats Spots like Freederm

back on TV with a new campaign!

- It's the only OTC spot treatment with an anti-inflammatory action
- It contains nicotinamide, a clinically proven anti-inflammatory
- It's formulation combats redness, inflammation and tenderness associated with spots
- It tackles existing spots and stops those that are just starting to form

Let your customers see the difference with Freederm.

Expect high demand thanks to the new campaign - STOCK UP NOW!

www.freederm.co.uk

*All outlets MAT £ Oct '07

Freederm Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Indications:** For the topical treatment of mild to moderate inflammatory acne vulgaris. **Directions:** For adults, children and the elderly: Apply to the affected area twice daily after the skin has been thoroughly washed with warm water and soap. Enough gel should be used to cover the affected area. For cutaneous use. **Contraindications:** Not to be used in cases of sensitivity to any of the ingredients. **Precautions:** For external use only and to be kept away from the eyes and mucous membranes, including those of the nose and mouth. If excessive dryness, irritation or peeling occurs reduce the dosage to one application per day or every other day. Although there are no specific restrictions to using Freederm during pregnancy or breast feeding, the potential risks are unknown. As with all medicines, care should therefore be exercised, particularly during the first trimester of pregnancy. Side-effects: The most frequently encountered adverse effect reported is dryness of the skin. Other less frequent adverse effects include pruritus, erythema, burning sensation and irritation. **Legal category:** P **Packs:** 25g, RSP £8.95. (£7.62 exc. VAT) PL 0173/0187 **Revision Date**[2]**:** January 2005

Locum at large

Programmed for IT failure

> If an experienced user is still struggling after a month of use, what hope for a locum who may only work for that company one or two days a week?

One of the disadvantages, some may say advantages, of being a locum is that you have to learn how to use a variety of PMR/labelling systems.

All the major companies appear to be in the process of constantly updating their systems and every so often a major revamp is ordered. We all have our favourites as to which we think is the most user friendly and I must give credit to two companies for the simplicity of their systems. They are a delight to use, look terrific and any computer-savvy newcomer can be up and running literally in minutes.

Another major company has rolled out a new system, however, which I find an absolute nightmare. Chronically slow, frequently freezing and crashing on an almost daily basis, I find it totally frustrating in use.

With constant complaints from customers about the length of time it takes to dispense their prescriptions, I am now on christian name terms with IT support whom I need to contact almost on a daily basis.

Far from getting better as time goes by, matters appear to be getting worse as the system slows to a crawl. How on earth does any head office impose such a system on their unsuspecting staff? They may get a comprehensive package that in theory does many wonderful things but if it cannot be used efficiently with a reasonable amount of speed in a busy dispensary then it should not be accepted from the IT company that designed it.

Until recently I have never had a minute's training from any of the companies on the use of their PMR/labelling systems. As a locum you are automatically expected to be completely familiar with any software that you use. But a few weeks ago I was asked by one company if I would like to attend a training evening on its new system.

Three cheers, I thought. At last, someone had thought about training locums.

I drove the 20 miles or so to the training centre, sat down in front of the computer and emerged two hours later totally appalled by the complexity of the new system. The instructor cheered us up by saying at the commencement that she had been using it on a daily basis for over a month and was still finding it difficult to use.

Nothing was logical, every step needed the handbook or the help menu and everyone present was totally daunted by the sheer scale of the learning curve. It would be totally impossible even for an experienced locum to face the system on his first day and be able to use it. How busy pharmacies dispensing hundreds of prescriptions a day are expected to cope, I shudder to think.

From the point of view of the pharmacists and their staff, the essential requirements of any system are that it should be simple to use, logical but above all fast, and I mean fast with a capital F.

Yet this aspect is never considered by IT departments and never appears to be part of the design brief. If an experienced user is still struggling after a month of use, what hope for a locum who may only work for that company one or two days a week, especially if there is no dispenser available to assist? Are major companies so unaware of the requirements of the very people who have to use their systems on a daily basis?

If they can impose such slow complex bug-ridden programs on them then perhaps next time they should take the time and trouble to actually ask their pharmacists and dispensers for their input before imposing any more flawed designs on them.

Is the locum right? Comment at www.chemistanddruggist.co.uk/opinion

It's just a piece of plastic that lives in your wallet, that's also a part of the world's leading contactless payment system.
(No applause please, it'll just go to its head.)

PayPass™ is the largest contactless payment system in the world, with over 19 million MasterCard® *PayPass*™ and Maestro® *PayPass*™ cards or devices in market globally. And now cardholders in the UK can Tap & Go™ through checkouts in places like supermarkets, fast food restaurants, coffee shops, and even florists. It's this kind of innovation that not only puts MasterCard Worldwide at the centre of commerce, but at its very heart.

Apotex UK would like to wish all our friends and customers a very Happy Christmas and a prosperous New Year.

We've had something to celebrate early this year after winning the Pharmacy Business Awards Best Generic Product Launch of the Year for 2007 - but next year promises to be even more exciting and we're looking forward to working alongside more and more of you.

APOTEX UK LTD

Excellence in Healthcare

Apotex UK Limited,
6 Ridgeway Court,
Grovebury Road,
Leighton Buzzard,
Beds. LU7 4SF

Tel: +44 (**0**)**1525 243550**
Fax: +44 (0)1525 243551

www.apotex.com

C+D Clinical

Menorrhagia: an overview

With OTC tranexamic aid imminent, what role do pharmacists have in treating menorrhagia?

Key points

- Menorrhagia is a common problem, affecting around 5 per cent of women. Before initiating treatment a full history must be obtained to elicit important 'red flag' symptoms.
- The majority of regular heavy menstrual bleeding in women under 45 years is a result of dysfunctional uterine bleeding and is unlikely to be due to serious underlying pathology.
- Nice recommends a stepwise approach to pharmaceutical treatment using the levonorgestrel intrauterine system (IUS), tranexamic acid, mefenamic acid, oral contraceptives, systemic progestogens and GnRH analogues.
- Tranexamic acid will soon be available OTC for the treatment of regular heavy menstrual blood loss in women under 45. Pharmacists should ensure those with 'red flag' warning signs are appropriately referred.

William Dudill and Jonathon Bland MRPharmS

Each year in the UK around one in 20 women will consult their GP because of heavy menstrual blood loss (menorrhagia). Menorrhagia is very subjective and therefore is often difficult to confirm or refute. Only 40 per cent of those presenting will actually have excessive blood loss.

Objectively, menorrhagia is defined as blood loss greater than 80ml in an otherwise normal menstrual cycle. A loss of more than 80ml during menstruation in the average woman will often lead to iron deficiency.

However, the measurement of menstrual blood loss is not recommended clinically. Instead, Nice suggests that, for clinical purposes, heavy menstrual bleeding should be defined as excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms.

The College of Pharmacy Practice

This course (module 1424), in association with multiple choice questions being published in C+D January 5, 2008, provides one hour's continuing education

Reflect

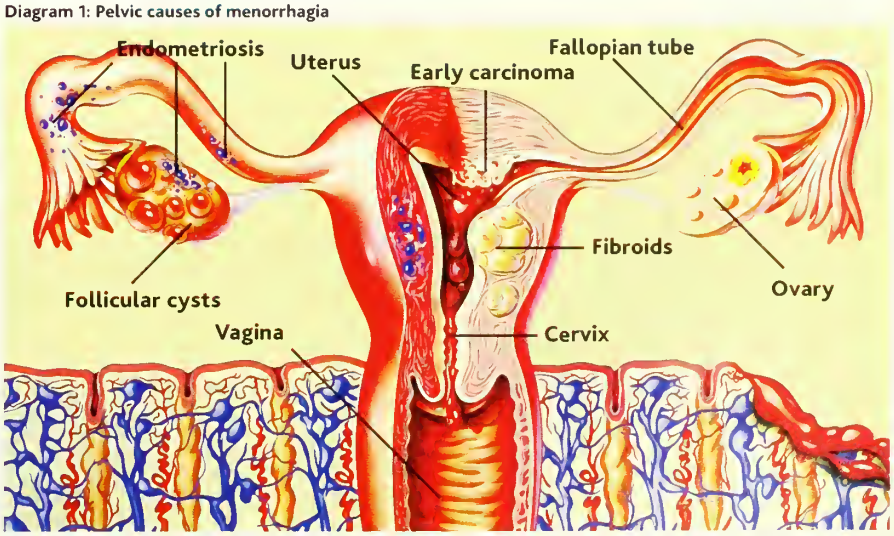
Think about any patients who came in recently asking for something for heavy periods. What did you recommend and why? Are there any particular medicines that, when you see written on a prescription, make you think the patient suffers from menorrhagia? Do you know enough about the actions and side effects of tranexamic acid to recommend it when it becomes available as an OTC product?

Plan

This article will help you understand the causes and treatments for menorrhagia. It also describes the accompanying symptoms that flag up the necessity for prompt referral.

CPD This article can help in the following CPD competencies: **G1a, G1c, G1e, C1a, C1f, C4h**. See www.tinyurl.com/194zu

Diagram 1: Pelvic causes of menorrhagia



John Bavosi/Science Photo Library

Causes

Causes of menorrhagia can be divided into pelvic, systemic and iatrogenic.

Pelvic causes (see Diagram 1 above)

- Fibroids: These are well defined, benign smooth muscle tumours of the uterus. They are the most common human tumour, affecting 20 per cent of women by the age of 40. Fibroids have minimal malignant potential but may grow to an enormous size. Although the majority are asymptomatic, some may cause menorrhagia and even infertility. Fibroids increase menstrual blood loss by enlarging the surface area of the endometrium. Endometrial polyps may also present with menorrhagia.
- Pelvic inflammatory disease (PID): This is due to infection of the upper genital tract, most commonly with *Chlamydia trachomatis* and more rarely by *Neisseria*

Pain is usually felt bilaterally in the lower abdomen. In acute PID the woman may feel generally unwell with nausea and vomiting. With subacute or chronic PID, dysmenorrhoea or menorrhagia may dominate.

• Endometriosis: The presence of functional endometrium outside the uterine cavity, most commonly affecting the ovary, bladder or rectum. Extra-pelvic endometriosis, although rare, can affect almost any organ of the body. The key to the diagnosis is the presence of cyclical pain at the affected site or organ simultaneously occurring with menstruation.

• Endometrial carcinoma: Presentation is usually with irregular, prolonged menstrual bleeding or postmenopausal bleeding. Such cases should be treated as carcinoma until proven otherwise.

• Dysfunctional uterine bleeding (DUB): The most common cause of menorrhagia and the term used when there is no local or systemic reason for increased blood loss. It is a diagnosis made by exclusion. DUB is further divided into ovulatory DUB, associated with regular painful periods, and anovulatory DUB, which is more common in the early postmenarcheal and perimenopausal age groups.

Systemic causes

• Hypothyroidism: The clinical syndrome that results from a deficiency of circulating thyroid hormones. Lethargy, fatigue and physical and mental slowness are common symptoms. The relationship between hypothyroidism and menorrhagia has not been confirmed due to insufficient objective data, but individual cases have been reported.

• Von Willebrand's disease: This disease is characterised by a congenital deficiency of Von Willebrand's factor, a protein cofactor essential for normal platelet adhesion and clotting. Haemarthroses, soft tissue haematomas, epistaxis and menorrhagia may occur.

Iatrogenic causes

• Poorly controlled anticoagulant therapy and copper-based intrauterine contraceptive devices (IUCDs) have both been associated with increased menstrual blood loss. IUCDs cause local irritation to the endometrium and are the commonest iatrogenic reason for menorrhagia.

Diagnosis

To many women, menstruation is a difficult and embarrassing subject to discuss. Despite this, it is crucial to ensure a full history of the woman's menstrual cycle is obtained to not only elicit 'red flag' symptoms, but also determine the impact of menorrhagia upon quality of life.

Symptoms suggestive of serious underlying pathology must be explored before treatment is offered.

Specific disease processes are suggested by the presence of characteristic pathological symptoms:

• Postcoital bleeding suggests a cervical problem, ranging from a significant pathology such as cervical cancer, to nothing more sinister than a cervical ectropion or erosion.

• Intermenstrual bleeding may be caused by local lesions of the cervix (ectropion, polyp, malignancy or cervicitis), intrauterine cavity (polyp, fibroid, endometrial hyperplasia or malignancy) or through hormonal contraceptive-induced 'breakthrough bleeds'.

• Post-menopausal bleeding is bleeding occurring more than six months after the menopause. It is a common disorder but should always be investigated. Although the causes are numerous and most commonly due to atrophic changes of the genital tract with ageing, it is important to rule out malignancy of the endometrium, cervix or ovary.

• Irregular bleeding often occurs at the extremes of age following menarche and leading up to the menopause, usually as a result of anovulatory dysfunctional uterine bleeding but it may also indicate malignancy.

• Dyspareunia is recurrent or persistent pain following intercourse. The cause may be organic or psychosomatic and should be investigated further.

• Vaginal discharge is typical of sexually transmitted diseases, PID or foreign bodies.

From the history and examination, further investigations such as ultrasound scanning, hysteroscopy or cervical smears may be warranted before deciding on a final treatment strategy.

Management

In the vast majority of women presenting to their GP with heavy menstrual blood loss, no specific cause is found and dysfunctional uterine bleeding is diagnosed. In such cases, Nice recommends offering treatment in the following order:

• **Levonorgestrel intrauterine system (IUS):** This device delivers progestogen directly to the uterus, producing direct suppression of the endometrium. It is a highly effective, reversible method of contraception and can remain in place for up to five years. Menstrual blood loss is predicted to be reduced by up to 95 per cent by 12 months after insertion. The main side effect is irregular bleeding, mainly in the first six months following insertion.

• **Tranexamic acid** increases clot formation in the spiral arterioles of the endometrium reducing menstrual blood loss. If taken during menses, it can reduce blood loss by around 50 per cent. Side effects include diarrhoea, nausea, indigestion and tinnitus. The drug should not be taken by women prone to thromboembolism.

• **Mefenamic acid** is a non-steroidal anti-inflammatory drug (NSAID) that reduces endometrial prostaglandin concentrations to cut menstrual blood loss by around 25 per cent. Although side effects include gastrointestinal complaints, dizziness and headache, it is particularly useful for menorrhagia associated with dysmenorrhoea.

Where tranexamic acid or mefenamic acid have failed to reduce menstrual blood loss, it is perfectly reasonable to trial their use in combination.

• **Combined oral contraceptive (COC):** The COC can reduce menstrual blood loss by up to 50 per cent. It should be prescribed taking into account benefits and risks for each individual as determined by the World Health Organization's medical eligibility criteria for family planning methods. The COC inhibits ovulation and produces regular shedding of a thin endometrium. Side effects commonly include mood changes, headache, nausea, fluid retention and breast tenderness, and rarely deep vein thrombosis, stroke and myocardial infarction.

• **Systemic progestogens:** Oral norethisterone 5mg tds from day 5 of the menstrual cycle for 21 days has been shown to reduce blood loss by up to 80 per cent. It works by inhibiting ovulation and directly suppressing the endometrium. Medroxyprogesterone acetate, the depot injectable progestogen, can induce amenorrhoea when administered for long enough, but bleeding can be heavy and unpredictable during the initial months of use. Side effects of progestogens include nausea, bloating, headache, breast tenderness, weight gain and acne.

• **Gonadotrophin (GnRH) analogues:** This group acts by pituitary downregulation and consequent inhibition of ovarian activity. Side effects are those expected of a hypo-oestrogenic state including hot flushes, vaginal dryness, and increased risk of reduced bone mineral density with prolonged use. Their use is reserved for


Valupak®
GLUCOSAMINES
8 best selling
Glucosamines
now on
promotion!


Valu
GLUCOS
45
PC
33% EXTRA FREE
FREE • 33% EXTRA FREE • 33%
Valupak
SUPPLEMENTS
Glucosamine Sulphate
500mg
40 Capsules
ETTER VALUE • BIGGER PACK •
Valupak
SUPPLEMENTS
Glucosamine Sulphate
20% EXTRA FREE
108 90 Tablets
FREE • 20% EXTRA FREE • 20%
Valupak
SUPPLEMENTS
Glucosamine Sulphate
500mg
108 90 Capsules
FREE • 33% EXTRA FREE • 33%
Valupak
SUPPLEMENTS
Glucosamine Sulphate
40 Tablets
20%
EXTRA
FREE
All products carry a m

pak®

AMINES

%
R

inimum POR of 45%!

Valupak®

GLUCOSAMINES

The No.1 Glucosamine Brand in Pharmacy!

PIP Code	BR Code	Product	Prod Size	Unit Size	Prod Type	Case Size	RRP Price	Trade Price
	Valupak							
285-5719	VP733	Glucosamine Sulphate	500mg	40s	Tabs	6	£1.49	£4.18
285-5187	VP740	Glucosamine & Chondroitin	400/100mg	30s	Tabs	6	£1.49	£4.18
328-0302	VP555	Glucosamine Sulphate	500mg	40s	Caps	6	£1.49	£4.18
328-0096	VP579	Glucosamine & Chondroitin	400/100mg	30s	Caps	6	£1.49	£4.18
288-7081	VP020	Glucosamine Sulphate	500mg	108s	Tabs	6	£3.99	£11.21
288-7099	VP037	Glucosamine & Chondroitin	400/100mg	90s	Tabs	6	£3.99	£11.21
328-0278	VP562	Glucosamine Sulphate	500mg	108s	Caps	6	£3.99	£11.21
328-0229	VP586	Glucosamine & Chondroitin	400/100mg	90s	Caps	6	£3.99	£11.21

The following wholesalers are stockists of the Valupak range

PIF

Durham Pharmaceuticals

AAH

UniChem

MALTBYS

LEXON

PHOENIX Healthcare Distribution Limited
A company of the PHOENIX group

SIGMA Pharmaceuticals plc

K.Waterhouse Ltd.

MUNRO

Mawdsleys

emt
EMT Healthcare

H.D. COOPER & CO. LTD.
PHARMACEUTICAL & HEALTHCARE WHOLESALER

Sangers
NORTHERN IRELAND

J. Dougherty & Sons

Call your preferred wholesaler or order direct from BR on 0845 230 1499

Not all ibuprofen treatments are the same*

TARGETS PAIN

TWICE AS FAST

AS STANDARD NUROFEN TABLETS (ibuprofen)

EI –ESSENTIAL INFORMATION for "Nurofen Express 684mg Caplets"
Nurofen Express 684mg Caplets containing 400mg ibuprofen (as Ibuprofen Lysine). Indications: Relief of headache and migraine. **Dosage and Administration:** Adults, the elderly and children over 12 years: Initially, one caplet taken with water, repeated one every four hours if necessary. Do not exceed three caplets in any 24 hours. Not for use under 12 years of age. Do not use for more than 10 days, or if symptoms worsen, without medical advice. **Contraindications:** Hypersensitivity to ibuprofen or other constituent. History of bronchospasm, asthma, rhinitis, or urticaria associated with aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). History of, or existing gastrointestinal ulceration/perforation or bleeding. Severe hepatic failure, severe renal failure or severe heart failure. Do not use with other NSAIDs, including COX-2 specific inhibitors. In last trimester of pregnancy there is risk of premature closure of the foetal ductus arteriosus. Onset of labour may be delayed and the duration increased with increased bleeding tendency in both mother and child. **Precautions and Warnings:** Caution in patients with certain conditions, which may be made worse. These include: systemic lupus erythematosus and mixed connective tissue disease, gastrointestinal disorders and chronic inflammatory intestinal disease, hypertension and/or cardiac impairment, renal impairment, hepatic dysfunction. Bronchospasm may be precipitated in patients with bronchial asthma or allergic disease. GI bleeding, ulceration or perforation. Caution in patients on medications which increase the risk of gastrotoxicity or bleeding. If GI bleeding or ulceration occurs, stop treatment. The elderly are at increased risk of the consequence of adverse reactions. Female fertility may be impaired by a reversible effect on ovulation. **Side effects:** In short-term use, at OTC doses, adverse effects are uncommon or rare. They include abdominal pain, dyspepsia and nausea. Hypersensitivity reactions are uncommon, and may include non-specific allergic reactions, anaphylaxis, respiratory tract reactivity (e.g. asthma, bronchospasm) and various skin reactions (e.g. pruritus, urticaria, angioedema). For a full list of potential adverse events, see the Summary of Product Characteristics.

MRRP: £4.99 (12 caplets) **Legal category:** P **Product licence Number:** PL 00327/0143 **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA.

Information about adverse event reporting can be found at www.yellowcard.gov.uk Adverse events should also be reported to Medical Information.

Date of Prescribing Information: January 2006
Date of Preparation of Advertisement: October 2007

*Ibuprofen Lysine is absorbed by the body twice as fast as standard ibuprofen.

[illegible] treatment prior to surgery or [illegible] other treatments have failed. When used for longer than six months, HRT should be considered.

- **Surgery:** The choice of surgical intervention obviously depends upon the diagnosis. Endometrial ablation techniques and hysterectomy are the most common procedures performed for menorrhagia. Endometrial ablation is a technique used to destroy the endometrium by resection, laser or thermal ablation. It does not guarantee amenorrhoea, but advantages over hysterectomy include speed of surgery, shorter hospital stay and quicker return to work. Hysterectomy is one of the most commonly performed operations in the UK and approximately two thirds are performed for menorrhagia. It is the only treatment guaranteeing amenorrhoea and can be performed either by the abdominal or vaginal route. Complications of hysterectomy include haemorrhage, bowel trauma, infection and post-operative thromboembolism. Fibroids and polyps can often be removed hysteroscopically.

Where pharmaceutical treatment is required while investigations and definitive treatment are being organised, either tranexamic acid or NSAIDs should be used.

The role of the pharmacist

The launch of tranexamic acid for P medicine sale will allow pharmacists to provide symptomatic relief for women aged below 45 years with heavy regular menstrual bleeds. Most menorrhagia in the under 45s is due to dysfunctional uterine bleeding and is unlikely to be due to serious underlying pathology, though it is useful to remember that a regular menstrual cycle is defined as being between 21 and 35 days with no more than three days individual variability in duration. Table 1 provides side effects and contraindications of tranexamic acid, and Table 2 the reasons for prompt referral for investigation. Tranexamic acid may be used every month providing it continues to give relief, and there are no changes in the menstrual bleeding pattern. Treatment should not be continued for more than three consecutive cycles if bleeding is not reduced. However, diagnosis can be difficult or unclear, so where doubt remains as to the cause, referral should be made for appropriate investigation and treatment.

Table 1: Tranexamic acid

- **Side effects**
  Nausea and vomiting, diarrhoea, changes in colour vision, thromboembolism.

- **Contraindications to OTC sale**
  Mild to moderate renal insufficiency, current thromboembolic disease, previous thrombosis in family member, premenstrual or pelvic pain, warfarin therapy, COC use, pregnancy.

Table 2: Reasons for referral

- **irregular cycle**
- **intermenstrual bleeding**
- **postcoital bleeding**
- **bleeding associated with pain at intercourse**
- **postmenopausal bleeding**
- **age >45 years**
- **vaginal discharge**

Dr William Dudill BM BS MRPharmS is a trainee in obstetrics and gynaecology at the Queens Medical Centre, Nottingham. Jonathon Bland MRPharmS is a clinical pharmacist at Sherwood Forest Hospitals NHS Trust.

References
BMJ 1996; 313: 579-82.
Nice. Heavy menstrual bleeding, January 2004.
Cochrane Database of Systematic Reviews 2007, Issue 4. Progestogens versus oestrogens and progestogens for irregular uterine bleeding associated with anovulation.
Br J Obstet Gynacol 1992; 99: 695-696.
Am J Obstet Gnecol 1992; 166(5): 1419-28
WHO. Medical eligibility criteria for family planning methods, 2004.

Continuing Professional Development CPD

Act

- Try to identify patients (from PMRs or presented prescriptions) who have menorrhagia. What was prescribed? Ask the patients how successful their treatment was.
- What would you say to a patient who thought they had undiagnosed fibroids? What would have led them to think they had the condition?
- A female client in her mid-20s has been buying three packs of internal and two packs of external sanitary towels every month for nearly a year. How would you approach her about it?
- The article stresses the need to obtain a full history before initiating treatment of menorrhagia. Write a checklist of the questions you would ask, and share it with your counter staff.
- Access http://tinyurl.com/3x586f to gain an insight into the incidence of menorrhagia in the UK. This article may also help you develop your checklist of questions.

Evaluate

- A patient asks you to recommend something for heavy periods. Do you now feel you know enough to respond with appropriate advice? What questions would you ask and why?
- Do you now know enough about the cautions and side effects of tranexamic acid to recommend it with confidence?
- Are you confident you know the 'red flag' symptoms associated with menorrhagia?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the January 5, 2008 issue, which will cover this week's CPP-accredited module, together with the module in the December 15 issue.

These will cover:
- Menorrhagia (1424)
- CVD case studies: heart failure (1425)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

Chemist + Druggist
in association with
Genus Pharmaceuticals

C+D

GENUS PHARMACEUTICALS

GlaxoSmithKline
Consumer Healthcare

GUM SHIELD

Introducing new Corsodyl Daily Defence mouthwash. The only daily fluoride wash with low strength chlorhexidine digluconate to help protect against gum problems. Recommend as part of a daily oral care regime.

Good gum care goes on

All-in-one blood glucose testing

The Accu-Chek Compact Plus is a new blood glucose monitoring system from Roche Diagnostics. Said to look like a mobile phone, the device combines a detachable lancing device, a test strip drum and a meter. It halves the number of steps needed for testing compared with existing systems, says the company.

The drum has 17 built-in test strips, appearing at the touch of a button to eliminate strip handling. The device is self-coding and a reading is given within five seconds.

The Compact Plus can be operated with one hand. It offers 11 depth settings for "virtually pain-free" blood sampling, says Roche Diagnostics. Patient support is available from the Accu-Chek customer care line.

Price: £12.99
Product info:
Roche Diagnostics
Tel: 0800 701000

Controls tighten on baby milk market

Stricter controls on the promotion, labelling and composition of infant and follow-on formula milks have been announced by the Department of Health and the Food Standards Agency.

In order to encourage breastfeeding, the government wants mothers to get information about infant feeding from health visitors and midwives.

The new rules mean follow-on milk should be used from six months rather than the current four months of age. Health and nutrition claims will be limited to a small, approved number.

Restrictions will be tightened on the marketing and promotion of infant formula and new rules will apply to adverts for follow-on milks to avoid confusion with infant formula.

Public health minister Dawn Primarolo said: "I shall be reviewing things in a year's time to ensure that the regulations are being truly effective."

Free radicals check

Health SOS has launched a machine said to reveal the body's true biological age. Using a pinprick blood test, the Oxi-Med measures the levels of free radicals in the body. Results are shown within 60 seconds.

Dietary and lifestyle advice can then be offered, with supplements recommended from Health SOS's own range of six antioxidant products: vitamin C, co-enzyme Q10, zinc and selenium, goji berry, pomegranate and green tea.

Offered as a service in the pharmacy, the company suggests charging £30 for a half hour consultation. It can be used as part of a 'lifestyle package' spanning blood pressure, weight and dietary advice, advises Health SOS.

The cost of the machine is £5,500. Franchise, clinical (for more than one outlet) and leasing packages are available.

Product info:
Health SOS Ltd
Tel: 0845 652 1954

Storming onto TV

Night Nurse liquid cold and flu treatment begins a TV ad campaign this week.

Running until late January, the 'Rainswept' ad shows a cold sufferer on his journey home and delivers the message that 'Night Nurse provides powerful, complete night-time cold and flu relief'. It ends with the strapline "Nurse it better with Night Nurse".

Pharmasite activity this month and a radio ad campaign in mid-January reinforce the TV activity, bringing the promotional spend to £1.4 million, reports GSK.

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637


actavis
creating value in pharmaceuticals
"Category M?
Ask me anything.
Come on, test me."
When you're part of Accumulator you receive a regular Category M report. It's our expert analysis of what's changing and what it means to you. A discount scheme that keeps you in the know? That's how to buy generics.
To find out more about Accumulator call us on 0800 731 0370
or email accumulator@actavis.co.uk
accumulator
HOW TO BUY GENERICS

Medised for children is back on TV

Feeling better?

Medised for Children is back on TV this winter starting in December, which is good news for everyone.

Medised's extra active ingredient, Diphenhydramine - a mild antihistamine - eases breathing and helps restful sleep. A welcome bonus while the paracetamol gets to work relieving cold and flu symptoms.

- Pain and fever relief PLUS eases breathing
- Exclusive to pharmacy
- Only growing OTC children's analgesic*
- Ideal from 3 months to 12 years
- Stock up now

Medised For Children Prescribing Information: Presentation: Clear to pale pink strawberry flavoured liquid. Each 5ml contains: Paracetamol 120mg and Diphenhydramine Hydrochloride 12.5mg. Uses: For the treatment of mild to moderate pain, including teething pain, headache, sore throat, aches and pains. Symptomatic relief of influenza, feverishness and feverish colds. Controls excessive mucous secretion and eases nasal irritation. Also helps restful sleep. Dosage and administration: Infants and children 3 months to under 1 year: Half to one 5ml spoonful 3-4 times daily. 1–under 6 years: One to two 5ml spoonfuls 3-4 times daily. 6–under 12 years: Two to four 5ml spoonfuls 3 times daily. Dose should not be repeated more frequently than four hour intervals, and no more than four doses should be taken in any 24 hour period. Do not give to infants under 3 months, except on the advice of a doctor. Contraindications: Large doses of antihistamines may precipitate fits in epileptics. Hypersensitivity to paracetamol or any of the other constituents. Warnings: If symptoms persist, dosage should not be continued for more than 3 days without consulting a doctor. Do not exceed the stated dose. Immediate medical advice should be sought in the event of an overdose, even if the child seems well, because of the risk of delayed serious liver damage. This product may cause drowsiness. If affected do not drive or operate machinery. Use with caution in patients with renal or hepatic impairment. Side effects are rare, but paracetamol hypersensitivity may occur. Legal Category: P. Pack Size and RSP (excluding VAT): 100ml bottle £2.87; 200ml bottle £4.20. Product Licence Number: PL11314/0135. Product Licence Holder: Seton Products Limited, Tubiton House, Oldham, OL1 3HS. Date of Revision: July 2005. Further Information available on request from: SSL International, Venus, 1 Old Park Lane, Trafford Park, Manchester M41 7HA, UK.

Products in brief

Bumps and bruises

Three new characters have been added to the Boo Boo Buddy cold therapy gel packs from Brunel. The Polar Friends – a penguin, Inuit and seal – are designed to numb pain quickly while distracting children from their discomfort. Strips of six containing two of each design are available to retailers. Used cool, the Boo Boo Buddy is suitable for treating bumps, bruises, fevers, headaches, inoculations and insect bites. Heated in water, it can also ease earache, muscle pain, stiff necks and tummy aches, says Brunel.

Price: £4.99, Brunel Healthcare
Tel: 0117 959 7040.

Snack is sweet enough

Nature's Sugar Free snacks have been launched in the UK, positioned as a convenient option for health-driven, on the go consumers. Made from non-GM grains and seeds, the products are free from cholesterol and trans-fats, artificial colours, flavourings and preservatives.

Coconut, Energy (with dates and cinnamon), Sesame & Sunflower and Peanut variants are available in a bar format while resealable bags of bite-sized snacks come in six flavours.

Kosher and suitable for vegetarians, the snacks are said to be naturally sweet and rich in vitamins, minerals, protein and fibre while being gluten free and low in sodium. The snacks can be eaten by diabetics.

Price: Bars 45p; bags £1.99/120g
Anglo Peruvian Trading Company, Tel: 0208 889 8895

Omron weighs in

A body composition monitor has been launched by Omron. The BF500 calculates body fat, visceral fat surrounding organs and skeletal muscle percentage. It gives a graphical interpretation of the fat percentage and BMI.

Visceral fat can indicate risk of developing conditions such as hyperlipidaemia, hypertension and type 2 diabetes.

Also new is the Walking Style 1 step counter, in three colours. Worn on the hip, it features an accelation monitor, calorie counter and seven-day memory.

Prices and Pip codes:
BF500 £99.95, 332-9588; step counter £19.99, 333-0529 (black), 333-0511 (red), 333-0503 (white). Omron Healthcare UK, tel: 08707 502771

Technical appeal

The Energizer battery brand has unveiled a new identity, aiming to appeal to "high tech families".

Ultra+variants have more vibrant colours while the Energizer Ultimate is now 25 per cent more effective in high tech devices, says Energizer.

Packs use silver fonts and device icons to convey product suitability.

Product info:
Energizer UK
Tel: 0208 882 8661

Products advertised on TV next week

Ambi Pur: All areas
Benylin Cold&Flu Max Strength Capsules: All areas
Benylin Chesty Coughs (Non-Drowsy): All areas
Bonjela: C4, five, 5at
Covonia: GMTV, 5at, five
Gaviscon Liquid and Handy Pack: All areas
Gaviscon Double Action: All areas
Glucosamine Meltdown: All areas
Optrex: All areas
Rennie Dual Action: All areas
Senokot Dual Relief: All areas
Seven Seas' JointCare & CLO: All areas
PharmaSite for next week: Ibuleve – windows, **Ibuleve** – in-store, **Ibuleve** – dispensary
Pharmacy channel: Murine, Senokot Dual Relief, Clearly Herbal Natural Baby Wipes

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Best foot forward

Raj Rohilla of Richmond Pharmacy in Surrey has developed a "one-stop shop for your feet", including footcare ranges, footwear, orthopedics and in-house podiatrists

Pharmacy Champions

Under the white coat

- When I was growing up I wanted to be a train driver. I grew up with steam trains in East Africa, and they were so exciting travelling through the plains.
- The worst thing about being a pharmacist is the increasing devolvement of monies to PCTs, and ultimately GPs who are very reluctant to use any other providers than themselves.
- If I wasn't a pharmacist I would be on Dragons' Den every week with another pie in the sky idea!

We have had a podiatry clinic on the premises for over 17 years, and we recently incorporated specialised footwear and orthotics into our range of products. The podiatrists in the shop were recommending these products to their patients, so we decided to provide the items ourselves. Overall, we have developed a one-stop shop for your feet.

The pharmacy is split into three sections – one third is dedicated to mothers and babies, the middle part is more like a traditional pharmacy, and the last part contains first aid, disability aids and the footcare section. Behind that section is the podiatry room.

We have two podiatrists who work part-time for the NHS and do their private work with us. We have a podiatrist in on Tuesday, Thursday, Friday and Saturday, and on most of those days they are fully booked. The podiatrists work on a commission-based system for us, and from their work we get sales of footcare products, footwear and orthotics (insoles). The turnover for the footwear and orthotics is quite high, so we can get quite a big profit from that.

Overall the footcare section has cost me about £4,000 in restructuring the layout and fittings of the shop. For example, we changed the flooring in that area of the shop to make it feel different and separate. It's like a concession in a mini department store. But I'm very mean when it comes to refitting the pharmacy, one has to look at the figures – every pound spent in refits has to generate that much more in your sales.

The high point has been some of the promotions we've used to draw new customers in, and seeing how well they have worked. We did a competition as an advertorial in the local paper, giving away four pairs of shoes. We had a huge response, and it increased our catchment area quite dramatically. We got people walking through the door clutching the coupon, and that's when you start to think, "It actually worked".

We are slowly devoting more and more space to footwear, and targeting sports players and walkers, as footcare is vitally important to those types of people. The next step is to promote the service in gyms, to osteopaths and to all the people who might refer patients on to us.

Out of hours

- Like all pharmacists, I play golf to relax, and I really enjoy being in the mountains in every way, be it walking in them or skiing.
- My three desert island discs would be Have I told you lately by Van Morrison, In My Life by The Beatles and Bitter Sweet Symphony, by The Verve.
- My guilty pleasure is Guinness.
- My three ideal dinner party guests would be Joe Simpson (the climber), Maggie Thatcher, as I have a few things I would like to get off my chest, and the actor Peter Ustinov, I know he is no longer with us, but this is fantasy!

Solpadeine 'Paint The Town Red'

Independent Pharmacy Winning Windows

The following pharmacies sited the best Solpadeine window displays and as such have been voted the winning pharmacy by each GlaxoSmithKline Consumer Healthcare sales territory.
Each pharmacy will receive a prize from their local Territory Business Manager in due course.

Fernwood Drive Pharmacy, Rugeley, Staffordshire. P. Prokopa and Jayne Kilkenny

Southcroft Chemist, Kingston Upon Thames, Surrey. Mr. Tann

'I am delighted with the outcome of the Solpadeine window and especially with the quality of the display materials'.

Scotland the brave

With a pioneering new pharmacy contract, Scotland has taken a proactive role in getting the most out of its community pharmacy network. Jennifer Richardson looks at the key developments and asks pharmacists what the new contract has meant for them

Perhaps it's not so grim up north. In fact, maybe pharmacy in England and Wales could even learn something from the way the profession is developing in Scotland. Wholesaler AAH's group managing director, Steve Dunn, certainly seems to think so.

When news of the devastating category M clawback hit, Mr Dunn said pharmacists faced the worst of both worlds – slashing of the traditional funding model, yet little evidence of the supposedly new model of pharmacy as a service-led profession. Except those north of the border were deemed somewhat better off.

Mr Dunn says: "Attempts to introduce patient services in England and Wales have failed to match expectation, particularly when compared to the progress which has been made in Scotland."

That progress is based on a contract that consists of four core services to be delivered by each of Scotland's 1,175 community pharmacies: the minor ailments service (MAS), the public health service (PHS), the acute medication service (AMS) and the chronic medication service (CMS).

These services are being phased in gradually, largely because of the emphasis the contract has put on having information technology systems to support them. As Alex MacKinnon, chief spokesperson for contract negotiator Community Pharmacy Scotland (CPS), puts it: "We don't go forward with a service until it's properly electronically underpinned. We're trying to minimise the amount of paperwork in the system."

As English pharmacists repeatedly call for a national minor ailments service, Scotland's is already up and running. Under the MAS, patients exempt from prescription fees can register with a pharmacy of their choice for free-of-charge advice and treatment for common illnesses such as coughs and colds.

It has been a great success, says CPS. "It's fantastic because it opens up access," Mr MacKinnon says. "It takes workload off GPs where appropriate, it shifts the balance of care."

Scotland's chief pharmaceutical officer Professor Bill Scott believes that the most significant achievement of the MAS is the structure of the remuneration package. Contractors are paid for the number of patients they have registered on the scheme, not for the number of interventions they make.

"We have broken the link between dispensing volume and remuneration," Professor Scott says. This has shifted the balance from "piece work" to a "professional fee", he adds. And this is good news for patient care as well as pharmacist morale, Mr MacKinnon says. "The Scottish contract focuses on the patient rather than on the prescription item."

The other part of the contract already in action is the PHS, in which community pharmacies provide a rolling programme of health promotion material, making use of their windows and displays. This is an important factor in integrating community pharmacies into the country's wider health plans, says Professor Scott.

"All community pharmacies will be carrying the same message from the NHS and it will be tied in with the health agenda," he explains.

CPS has plans to expand this role. "There are opportunities

> "Attempts to introduce patient services in England and Wales have failed to match expectation, particularly when compared to the progress which has been made in Scotland."

there to further develop the public health part of the contract and I think that's quite exciting," says Mr MacKinnon.

But the "biggest positive thing" to have been introduced since the new contract, according to Mr MacKinnon, is a national patient group direction for urgent supply, which allows pharmacists to prescribe a full cycle of a patient's repeat medication, on the NHS, when a GP is unavailable.

This has been instrumental in furthering pharmacists' reputation as competent prescribers, says CPS chief executive Harry McQuillan. "It's being used properly and appropriately so it's demonstrating how capable community pharmacists are in that prescribing role," he says.

Of course, it's not all good news from the land of heather-covered hills and haggis. The AMS and CMS parts of the contract will deliver pharmaceutical care for patients with acute and chronic conditions respectively, with the latter being what CPS calls "the most significant part" of the contract. But they have both suffered a series of technology-related setbacks, with the most recent update pushing back the 'latest' implementation dates to September 2008 and February 2009 respectively.

But Lyndon Braddick, director of the Royal Pharmaceutical Society's Scottish Pharmacy Board, defends the delay. "The AMS and CMS are coming along later than we expected because there was a strong commitment from the then Scottish Executive [now the Scottish Government] that they would be supported by the IT," he says.

"I still think that's the right approach. The infrastructure has to be there to make the system workable."

That all community pharmacies are offering all four services, all at the same time, is also important, insists Professor Scott. The reason for that, he says, is so the public are in no doubt about what services they can get from their local pharmacy. "Our contract expects all pharmacists to offer the same high clinical level of practice," he adds.

It's essential that the future generation of pharmacists in Scotland is up to speed with this expectation, Professor Scott says. That is why the Scottish Government has nationalised the pre-registration scheme, which will in future be administrated by the NHS Education for Scotland (NES).

"There was some resistance from multiples and other companies because they like to control the whole thing," Professor Scott admits, "but if we're going to continue down this route of everyone focused on a national contract we want to ensure that all the pre-regs are receiving all the opportunities for education and training for the new contract."

To support this change, the Scottish Government plans to fully meet employers costs for pre-reg students. This commitment has allowed a grant of £24,500 for 2008-09, compared to the current £6,000, Mr MacQuillan confirms. CPS is also supportive of a nationwide pre-reg scheme. "It gives us confidence that the students that enter the register will be aware of services and policy development in Scotland," he says. ▶

Photo: Dave Watts

Population

5,116,900

76.6m

Prescriptions dispensed per year

£145m

Funding for pharmacy services

4,437

Pharmacists

1,175

Pharmacies

251 Prescribing pharmacists

View from the border

Dealing with both the Scottish and English/Welsh contracts, UK-wide pharmacy chains have an insider's view on their differences and similarities, what's working and what less so. They explain how the two measure up.

Andy Murdock, director of pharmacy, Lloydspharmacy:

"It's quite interesting, seeing the difference between the contracts. Probably one of the big things to come out of [Scotland] is the minor ailments. It's positive for pharmacy and it's made a fundamental impact on workload to GPs. I hope England picks that up.

"I think in Scotland, like in England, there have been missed opportunities in public health. But I would go with learning from Scotland, particularly bringing in services with an e-base. Introduction in electronic form has its own challenges but I do think it's the way to go, so I would like to see that consideration happening more."

Liz Colling, director of pharmacy practice, The Co-operative Pharmacy:

"What's particularly good about the contract in Scotland from a multiple perspective is that it's baby steps, so there wasn't that big bang last April. Scotland is much more pragmatic about that so it's easier to get on the bus.

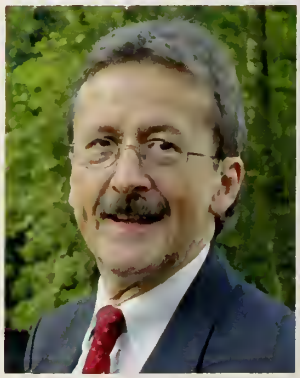
"Another thing is, there's this understanding that IT will underpin some of these future services, so that's definitely a plus.

"What's also good is a recognition that you don't need additional walk-in centre-type resources because what you've already got is a community pharmacy service. So we're going to use what we've got and plug it into primary care, and not reinvent things we don't need.

"What's fantastic about the Scottish contract is the minor ailments scheme, and that it's national so the public expectation of what they can get in a pharmacy won't differ from locality to locality.

"I do think that because the CMS has been delayed there isn't something like an MUR. I understand the reasons why because of the IT but it's a shame it's a bit slower."

Prescribing aplenty



At the last count, Scotland had 251 prescribing pharmacists. That's 6 per cent of its pharmacist population, double the UK's overall 3 per cent level. Community Pharmacy Scotland's chief spokesperson **Alex MacKinnon** tells C+D why this is so important:

"Both CPS and the Scottish Government, then the Scottish Executive, were really supportive of pharmacists becoming supplementary prescribers. The same now applies to independent prescribing as pharmacy's going forward. It would be wonderful if every community pharmacist could become a prescriber.

"It enables them to fulfil an enhanced clinical role, especially in unscheduled care. Pharmacists being experts in medicines and drug technology, it makes sense that the NHS makes better use of their clinical skills, and that includes being able to prescribe as well."

Northern lights

Scottish stars on their latest projects and what the new contract means to them.

Campbell Shimmins is a supplementary prescriber who runs several clinics from his two pharmacies in Dunfermline and Doune.

"We do a heart failure clinic, an MUR clinic, an ischemic heart disease clinic and a warfarin clinic, which is fantastic for clinical skills and pharmacy interaction. It's not all licking and sticking so that part's really, really good. We've got a diabetes clinic we're hoping to start up soon, and I can hopefully manage that in the shop rather than in the surgery which should free up some [GP] appointments as well.

"We have had to employ more staff. If you want to provide a quality and more clinical service you do have to change your system and way of working; you do need more bodies. I'm not getting paid anymore for that, I think that does need to be paid for. Category M is going to change things, but at the moment the extra activity is not actually recognised and funded.

"But it's hugely personally rewarding and professionally rewarding as well. The minor ailments scheme is working an absolute treat, the patients are loving that."

Stuart Notman runs a methadone clinic at his pharmacy in Ferryhill, Aberdeen.

"We're now supplementary prescribers; that took ages to get up and running. The next phase is to try to recruit more patients, of course. A lot of GPs are not aware of the [supplementary prescribing] scheme and how it can benefit them so to recruit more patients we need to educate the doctors and show them that clinics don't have to be run in surgeries.

"We don't really know what the impact of the contract is going to be yet. With the new pharmacy contract, pharmacists are swamped by paperwork. Dates that were originally put in place are moving almost on a monthly basis, it seems. There's a lot of changing and it's just keeping abreast of what needs to be done. I would quite like to have one big list, a calendar produced of what we have to do. That would be my wish list for Santa."

DTP danger

Despite contract differences, pharmacists on both sides of the border have many of the same concerns: Scotland's chief pharmaceutical officer Bill Scott and Community Pharmacy Scotland both name Pfizer's direct-to-pharmacy distribution deal as Scottish contractors' single biggest worry.

"The majority of contractors in Scotland are losing out every time they dispense a Pfizer medicine," CPS chief executive **Harry McQuillan** says.

Background photo: Scott Liddell

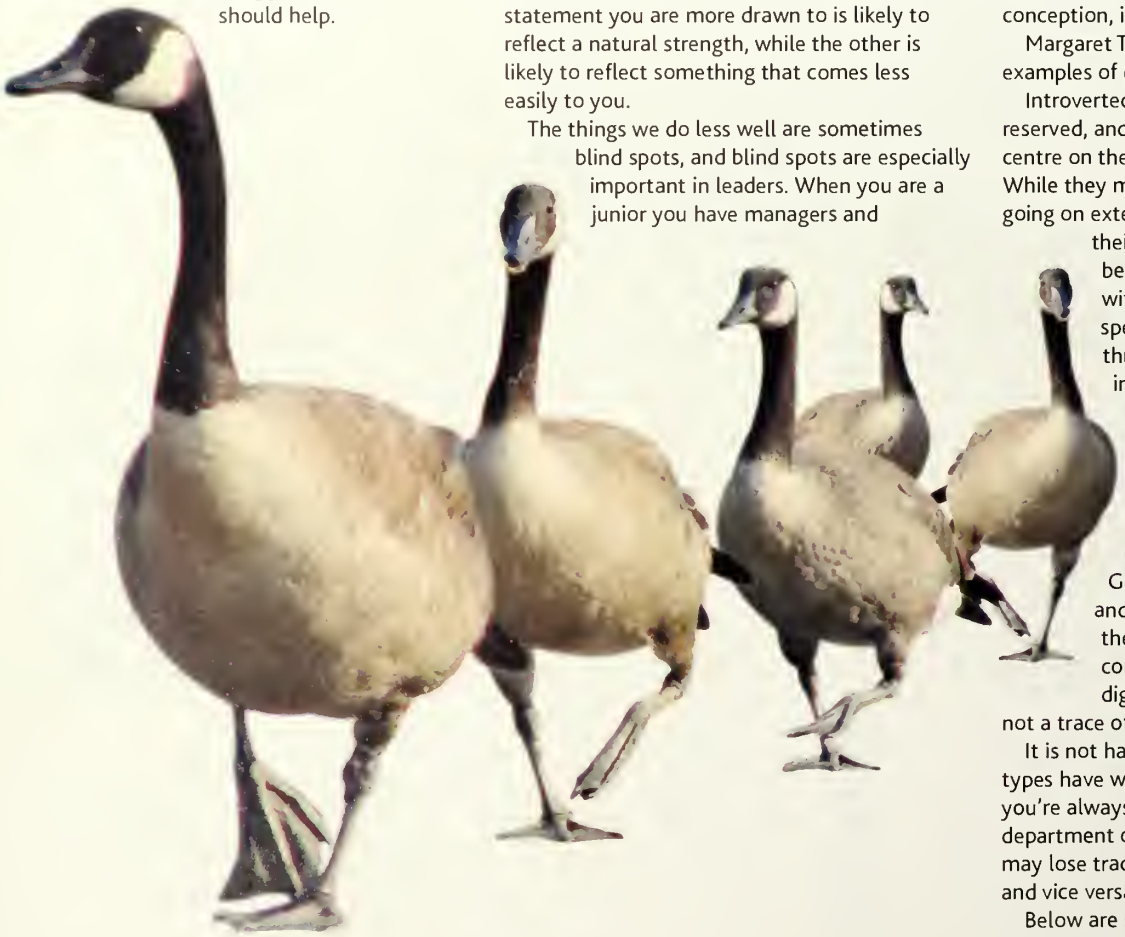
Taking a lead

What is your personality type? What kind of a leader are you? **Anita Houghton** explains how to build on your strengths while managing your weaknesses

Judging by the number of courses and books on leadership that are available, you would have thought there was a right way of managing and leading. But of course there isn't – everybody is different, and just as we all bring our particular personal strengths to the workplace, so we bring our personal style to leadership.

We also tend to think that only people in senior positions are leaders, whereas in fact pretty well everybody is a leader in one way or another. If you have ever organised a social gathering or outing, you're a leader. If you have children, you are a leader. If you teach, you're a leader. If you run a staff rota, you are a leader.

More especially, if you want to be a pharmacist with a special interest (PhSI), you will need to be a leader. In the National Framework for PhSI a competency framework is described, of which leadership skills are a prominent part. Whether you want to understand your own leadership style, or fathom the mysterious workings of the person that is leading you, this article should help.



Looking at leadership style

The four areas of human behaviour described by Jungian psychological type theory can help us to understanding our strengths in the workplace and can provide a useful framework for understanding leadership style:

- **Extraversion (E) or Introversion (I):** Action-oriented networkers vs reflective thinkers and problem-solvers.
- **Sensing (S) and Intuition (N):** Practical and realistic implementers vs innovative strategists.
- **Thinking (T) and Feeling (F):** Logical, analytical decision-makers vs value-driven, empathetic decision-makers.
- **Judging (J) and Perceiving (P):** Organised executors vs adaptable explorers.

To start getting an idea of your leadership style, look at the pairs of statements in the table, right, and place a cross on the line at the point that best reflects how you relate to the two statements.

These are not either/or statements; we can all behave in both ways, but we tend be drawn more to one than the other, however slightly. A statement you are more drawn to is likely to reflect a natural strength, while the other is likely to reflect something that comes less easily to you.

The things we do less well are sometimes blind spots, and blind spots are especially important in leaders. When you are a junior you have managers and supervisors who are only too pleased to point out your blind spots. When you reach a senior position, feedback suddenly vanishes, so self-awareness becomes a very important skill for a leader.

To see how an understanding of your preferences can help in a leadership role, let's take the example of extraversion and introversion.

Extravert or introvert?

Extraverted leaders like to focus on the world outside their department or organisation. They network, gather resources, and tend to know what is going on politically.

The strength of the extraverted leader is that their department or organisation is unlikely to miss out through not knowing what is going on around it. If there is money going, the extravert will be there to pitch for it. If there are outside threats, the extravert will be the first to know. They prefer to be doing things rather than thinking about them, so ideas and plans are likely to leap into action fairly soon after their conception, if not before.

Margaret Thatcher and Tony Blair are both examples of extraverted leaders.

Introverted leaders are more reflective and reserved, and their attention is more likely to centre on the goings on within their domain. While they may well miss out on what is going on externally, they are likely to have their own department in order and be observant about the individuals within it. More inclined to listen than speak, they like to think things through before acting, and sometimes instead of acting. The result is that action may be slow in coming, but important decisions are likely to be sound.

If you saw the film Fahrenheit 911 you will have seen the extraordinary moment when George Bush is told of the first, and then the second plane crash, into the twin towers. His response is complete stillness, while he inwardly digests the information, and there is not a trace of emotion on his face.

It is not hard to see that both of these types have weaknesses as well as strengths – if you're always networking outside your department or business, for example, you may lose track of what's going on inside it, and vice versa.

Below are some general tips for how to deal with your weak spots.

What is your leadership style?

Look at the pairs of statements in the table and place a cross on the line at the point that best reflects how you relate to the two statements.

In leadership roles, I prefer to:

Network with people outside my dept/org (E)		Take care of internal matters (I)
Be active and get things moving (E)		Be reflective, and plan carefully (I)
Focus on operational matters and practicalities (S)		Be strategic and devise systems and new ways of doing things (N)
Focus on what needs doing today, or this week (S)		Focus on new ideas and possibilities (N)
Use my analytical skills to solve problems objectively and logically (T)		Use my interpersonal skills to get the best out of people (F)
Be thought of as competent, and fair (T)		Be thought of as kind, effective and having integrity (F)
Make plans and schedules and keep to them (J)		Respond spontaneously to new information and change (P)
Be seen as organised and good at getting things done (J)		Be seen as adaptable and fun (P)

For tasks needing your less preferred behaviours, you can:

- Recruit team members with skills that complement, rather than mirror, yours. We are all drawn to people like us, and it is tempting to appoint people we are drawn to. What you need, though, to be both effective and happy in a leadership role, is to have a team which brings all the different skills.
- Delegate tasks to someone who does them better. People often assume that the tasks they dislike are the tasks everybody dislikes, but that isn't true. Look out for people who love doing the bits you hate.
- Do unavoidable tasks little and often, and at your best time of day.
- Ask advice from someone who does them better. Ask them how they tackle such tasks – you'll be surprised at how differently they do things.
- Consciously practice your less-preferred behaviours, such as networking for introverts, and reflecting for extraverts.

If you have found this article helpful, and would like to know more about your type and its implications for your work and career, Psychological Type: a Self-Assessment e-Programme is now available via www.workinglives.co.uk/articles.htm

C+D

0207 921 8123

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

Contact:
Chris Docwra
Chemist + Druggist (Classified),
CMP Information Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8123
F: 0207 921 8130

www.chemistanddruggist.co.uk
c&dsales@cmpi.biz

Marketing Managers

Marketing Manager

Excellent salary, bonus and benefits package.

APOTEX UK LTD
Excellence in Healthcare

Apotex UK is heading into 2008 with forecasted growth of 200%. Two years after the UK affiliate, of the Global company Apotex Inc Canada's largest privately owned Pharmaceutical company, launched into the market, we were awarded "Best Generics Product Launch of 2007". The business has grown 60% in turnover during 2007 and we now need an experienced Healthcare marketer who understands pharmacy to develop our marketing, promotions and professional services package in support of our extensive product launches.

As an individual you have to be able to work on your own initiative, be a very active member of the management team and above all have the desire to take our business forward at a fast and challenging pace. Reporting directly to the Managing Director you will have your chance to put your footprint firmly on the UK business.

Apply with a comprehensive c.v. to:
Samantha Etherington,
PA to the Managing Director,
Apotex UK Limited,
6, Ridgeway Court,
Grovebury Road,
Leighton Buzzard,
Beds, LU7 4SF
or email: **setherin@apotex.com**

NO AGENCIES

Dispensers

EALING

Full-Time qualified dispenser required to work in a friendly pharmacy.

Call Dr Sepassi on **07801 366 760** if interested.

WANDSWORTH
LONDON SW18

An enthusiastic full time Dispensing Assistant required.
Tel:07973 394610
Email:kay@sheetenamin.co.uk

EXCITING OPPORTUNITY

A Specialist international medical supplier based in London requires talented, commercially aware individuals to fill the following positions –

Accredited Pharmacy Checking Technician, salary £18K +

Assistant to the Purchasing Manager, salary 20K +

Medical Accounts/Sales Manager (to also assist in web-based business), salary 25K +

Applicants must be ambitious, motivated, with good communication skills and a willingness to learn.

Please email CV with covering letter to:
sales@le-west.co.uk *or post to* **L.E. West Ltd, The i.O. Centre, 59-71 River Road, London IG11 0DR.**
Closing date Friday 7th December.

Clinical Support Pharmacist

Trinity Chiesi
People and ideas for innovation in healthcare

Have you got something to jump about?

Trinity-Chiesi has! With a strong reputation in the market, over the next 3 years Trinity-Chiesi will be launching innovative new medicines and are aiming to be a top 25 pharmaceutical company. For the last 3 years the team of Clinical Support Pharmacists at Trinity-Chiesi have been providing a comprehensive therapeutic review service to GP practices across the UK. During this time the team have established an excellent reputation within primary care and the significant increase in demand for Trinity-Chiesi's Clinical Support Service means they are now looking to considerably expand their team - Are you ready to grow with them?

Clinical Support Pharmacists 8 Nationwide Positions

Competitive Salary, Car and Corporate Benefits

Trinity-Chiesi is recruiting 8 Pharmacists to expand their Clinical Support Team to meet the increasing demand for their therapeutic review services within primary care.

This is a non-promotional role which focuses on providing clinical, auditing and review services, including patient clinics when necessary, to GPs across the UK.

Successful candidates will be able to demonstrate confident, clear and concise communication and interpersonal skills, with a strong work ethic and desire to be the best at what you do. This role requires flexibility and a willingness to travel, with overnight stays when necessary. You will be computer literate and most importantly be a positive and enthusiastic team player.

This is a fantastic opportunity to be part of exciting times at Trinity-Chiesi and if you are looking for something different with a new challenge every day, then this may be the role for you!

For further information about the role, please contact our Clinical Support Manager, Ella Craig, on 07976 504881.
To apply for the role please post your CV stating your current remuneration package and preferred working location to the Human Resources Department at Trinity-Chiesi Pharmaceuticals, Cheadle Royal Business Park, Highfield, Cheadle, SK8 3GY, or email HR@trinity-chiesi.co.uk. Alternatively visit our company website at www.trinity-chiesi.co.uk and apply online. Closing date for applications is Friday 14th December 2007.

Business For Sale

HUTCHINGS PHARMACY SALES

W. London	T/O C:	£ 1,900,000
Derbyshire	T/O C:	£ 1,500,000
Devon	T/O C:	£ 1,072,000
East Kent	T/O C:	£ 950,000
Herts	T/O C:	£ 770,000
Dorset	T/O C:	£ 730,000
Coventry	T/O C:	£ 680,000
S.E. Essex	T/O C:	£ 650,000
Devon	T/O C:	£ 490,000

If you are ready to SELL we have purchasers throughout the UK willing to pay top prices for Pharmacies.
Our priority is to obtain the best price whilst maintaining your confidentiality.

*If you are thinking of **SELLING** your Pharmacy, Contact us now for a FREE valuation.*

Or for a confidential discussion please call...
01494 722224
email: info@hutchingsandco.com
www.hutchings-pharmacy-sales.com

Hutchings Consultants Ltd

"We are the only NPA approved supplier for selling your pharmacy"

NPA National Pharmacy Association Approved Supplier

Business Wanted

Adam Myers
For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.
All turnovers considered, all information treated with strictest confidence and a high premium paid.
For a quick decision please contact Mr Bhandal on 07710 574890
E-mail: csb@adammyers.co.uk

COHENS CHEMIST GROUP

Sell now and save an extra 8% in tax!

We are a pharmacy chain looking to expand in the North West & West Yorkshire areas.

With the changes in taper relief coming into force in April 2008, take advantage and sell now.

We pay competitive prices and all turnovers/sizes of groups are considered. Our aim is to make the process as fast and stress free as possible for you.

Take advantage of our offer today by calling Colin Caunce on 07966 524162 or Yakub Patel on 07930 577799.

PHARMACY BUSINESS TRANSFER LTD

We are experiencing a very high level of sales across the country in all price brackets from £500,000 to over £3,000,000 and we need **PHARMACIES URGENTLY** for clients looking to purchase with funding agreed.

ALSO REQUIRED ARE GROUPS LOOKING TO SELL.

We are retained by a number of companies wanting to purchase.

Any size group around the country will be considered.

Please contact Denis O'Leary in confidence on 01206 323808 or mobile 07920 476222
email denis.oleary@pharmacybusinesstransfer.co.uk

MANOR PHARMACY

Pharmacy Group looking to expand and acquire shops in the North-West & North/West Yorkshire areas.
All turnovers/ size of group considered.
High Premium Paid. All information will be treated with the strictest confidence.
Please contact Mohamed on 07958 428754 or
Talha Patel on 07841 328394

Is it time you reviewed your loan guarantee arrangements?

Tel: 01928 750648

PHOENIX Think

For Sale

FOR SALE

19 bags of Zas Cream metal shelving, plus three 1 meter gondoliers.

Offers 02920 754388

Products & Services

Mashco
Photo, Electrical & Perfumes

Nourkrin
NEW UK DISTRIBUTOR

BUY 100+ GET 10% DISCOUNT

"Nourkrin gave me back my hair and my confidence.

Cheryl Baker, TV presenter and formerly of Buck Fizz

Nourkrin® Extra Strength 60 Tablets The Natural Hair Recovery
Code: NOURKRIN
SSP: £50

£25 NET COST IP: £25.64

Full Range of Nourkrin products available at competitive prices.

100% NATURAL INGREDIENTS

tel: 020 8204 2224 fax: 020 8204 0224 web: www.mashco.com

Offer applies to purchases made between 1st December and 30th December2007. Products shown are for illustrative purposes and are not to scale. E&OE • Net prices are after settlement discount 2.5% • Goods subject to availability • VAT at standard rate

Products & Services

"How You Can Ease December's Cash Flow Crunch"

These days, with the many new demands placed on your time and money, running a successful independent pharmacy can be tough.

December in particular, with its higher staffing costs and the need to buy in additional stock, is the month that places the most strain on the cash resources available to run your business.

Pharmacy Partners solves this problem by paying you straight away for your NHS dispensing – turning your business into a cash business.

And between now and December the 15th when you *sign up for 6 months you'll receive 1 month free

By being paid immediately for their NHS dispensing, over 300 independent pharmacists like you have been able to grow their businesses twice as fast as the industry average while also avoiding the December cash crunch.

* January 2008's dispensing

To find out more contact us today on:

Tel: 0808 144 5554
E-mail: info@pharmacypartners.com
or visit Web: www.pharmacypartners.com

pharmacy partners
the power to prosper

Computer failure stops your business dead

PSL fix 92% of all faults within 6 hours
Can your IT supplier say the same?

For more information please call 01254 833 338
Positive Solutions Ltd, Solutions House, School Lane, Brinscall PR6 8QP

POSITIVE SOLUTIONS LIMITED

Shopfitting

Tax Consultants & Accountants

Tax Consultants & Accountants

Hawkeye on the web

Date: Sat 1.12.07

Subject: **Love is the drug**

Pharmacy has presented its case as the **frontline** for chlamydia treatment but patients face **inconsistent** service provision

Despite efforts to reverse the trend, figures released last week by the Health Protection Agency show a continued decline in the sexual health of young people in the UK (www.hpa.org.uk).

New diagnoses of sexually transmitted infections (STIs) stood at 376,508 in 2006 – an increase of 2.2 per cent on the previous year. The 16 to 24 age bracket made up the bulk of common STIs, with one in 10 young adults screened for chlamydia in 2006 testing positive.

But the stigma associated with sexually transmitted infections means patients remain reluctant to seek help from health professionals and are inevitably turning to the internet for an anonymous remedy (www.tinyurl.com/25cnj8).

In doing so, however, a new study from the University of East Anglia (www.uea.ac.uk) says STI sufferers are taking "significant risks". The research (www.tinyurl.com/2u9y4n) found that less than a quarter of internet drug vendors gave information on the potential side effects of their treatments and a similar number also failed to say if their products would interfere with prescription medicines.

Equipped with a private consultation room and the necessary knowledge and skills, pharmacy has presented its case as the frontline for chlamydia treatment, but patients face inconsistent service provision.

PCTs are expected to screen 15 per cent of young people between April 2007 and March 2008 but for the first quarter of 2007-08 the number of

screens reported to the HPA equated to 0.6 per cent (tinyurl.com/2774yg). In addition, the national chlamydia screening programme has registered just 286 pharmacies.

The figures do not reflect successful chlamydia screening programmes such as those run in Cornwall, Hull and the Wirral in recent years. In addition, the third and final report on the pathfinder scheme running in Boots stores across London is imminent (www.tinyurl.com/2y4shh) and Actavis's proposed POM to P switch of Azithromycin has been described by the NPA as "an unparalleled opportunity".

Last week, pharmacy minister Dawn Primarolo said the DH is working with PSNC to develop a template for a chlamydia national enhanced service (www.tinyurl.com/2xbdud) – an opportunity to buck the trend?

What do you think?
Email thawkins@cmpmedica.com

... what's new on the C+D website ...

Chemist+Druggist
news education tools

The top stories on the C+D news bulletin

1 Pharmacist struck off for drug deal
2 CPD 'unlikely' to be mandatory
3 Heavy losses loom under switch plan
4 Jump in number of 100-hour pharmacies
5 Dual regulation for enhanced services

www.chemistanddruggist.co.uk/register

Chemist+Bloggist

"Still a few doom and gloom merchants around and an apparent lack of motivation among GPs in the audience"

Mike Holden, Hampshire & Isle of Wight LPC chief officer, blogs from last week's NHS Alliance Conference. Read more at www.chemistanddruggist.co.uk/opinion

Free email news
Get the top pharmacy stories before they appear in print by signing up to C+D's free email newsletter service at www.chemistanddruggist.co.uk/register

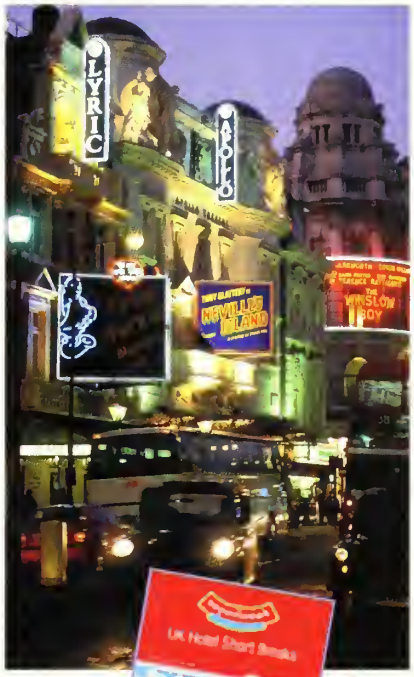
PHARMACY TRAVEL

Travel Prize ● Exclusive Offer ● Guaranteed Holiday Savings ● HOTLINE 0845 331 6677

WIN a superb London theatrebreak

Superbreak are the leading UK short break specialists offering over 1,000 hotels in hundreds of locations from tranquil country retreats to historic cities. Their comprehensive programme also includes a great selection of London theatrebreaks, theme park and attraction breaks and event/entertainment breaks. If you prefer to travel by train there are special discount fares from most mainline stations. **Book now to secure great savings – see exclusive offer details on this page.**

The prize is a London Theatrebreak for two (sharing a twin/double room) or a single traveller to be taken in March or November 2008 or February 2009. It includes overnight accommodation at a 3 or 4 star central London hotel, breakfast, hotel tax/service charges and tickets for a top West End musical (choice of 10 shows). **The prize can be upgraded/extended and/or additional persons added subject to payment of supplementary costs.**



Big savings on great British breaks

- Save up to 50% with winter offers
- Free accommodation for children
- Free extra nights
- Prices from only £19 per person per night
- Free Days Out UK membership with discounts at 1,400 attractions
- Add rail travel from only £22

For low cost travel insurance call 0845 331 6688

GUARANTEED SAVINGS

on the widest possible choice of holidays and extras including:

- ✔ Activity holidays
- ✔ Adventure holidays
- ✔ Airport car parking
- ✔ Airport chauffeur drive
- ✔ Airport hotels
- ✔ Airport VIP lounges
- ✔ All-inclusive resorts
- ✔ Apartments
- ✔ Beach clubs
- ✔ British holidays
- ✔ Chalet & camping holidays
- ✔ Car hire
- ✔ City breaks
- ✔ Coach holidays
- ✔ Country house hotels
- ✔ Disabled traveller holidays
- ✔ Escorted holidays
- ✔ Flights
- ✔ Fly-drive holidays
- ✔ Golfing breaks
- ✔ Health spas
- ✔ Holiday taxis
- ✔ Holiday villages
- ✔ Hotel reservations
- ✔ Independent travel
- ✔ Motoring holidays
- ✔ Ocean cruises
- ✔ Package holidays
- ✔ River cruises
- ✔ Sailing and boating holidays
- ✔ Short breaks
- ✔ Ski holidays
- ✔ Singles holidays
- ✔ Tailor made holidays
- ✔ Theatre & concert breaks
- ✔ Travel insurance
- ✔ Villas and cottages
- ✔ Yacht charter

For further information call Pharmacy Travel

0845 331 6677

ABTA The Travel Association

affinity travel worldchoice

Reservations/Information 0845 331 6677

Terms and conditions apply to special offers which are subject to availability and may be restricted to certain dates etc. Bookings must be made through Pharmacy Travel, a service provided by Affinity Travel Worldchoice (ABTA K8834)

TRAVELPRIZE

Entry coupon December 07CD

Closing date January 1, 2008

Q Scotland has 1,750 community pharmacies:

T ☐

F ☐

Full name

Full pharmacy name and address

Post Code

Information you supply to CMP Information Ltd and Holidaysaver may be used for publication (where you provide details for inclusion in our directories or catalogues and on our websites) and also to provide you with information about our products or services in the form of direct marketing activity by phone, fax or post. Information may also be made available to 3rd parties on a list lease or list rental basis for the purpose of direct marketing. If at any time you no longer wish to (i) receive anything from CMP Information Ltd or (ii) to have your information made available to 3rd parties, please write to the Data Protection Co-ordinator, Dept PGT685, CMP Information Ltd, FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357 quoting the following codes: (i) PGT685C, (ii) PGT685T

Send your entry to: Pharmacy Travel, CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE Incomplete entries will not qualify for the prize draw/holiday discount voucher

Rules 1.This competition is open to any pharmacist or permanent member of staff who works at an address which receives *C+D* 2.Competitors may enter through *C+D*, but may only submit one entry. Double entry will disqualify both entries 3.Entries must be on an original coupon from *C+D* and to be eligible for the prize entrants must correctly answer the question on the coupon 4.The prize offered will be as stated. No alternative holidays or cash prizes will be offered 5.Names of winners will be published in *C+D* 6.In any dispute, the decision of CMP Medica Pharmacy Group's publishing director will be final and no correspondence will be entered into 7.Employees of CMP Medica Ltd, Affinity Travel Services and trading divisions and their immediate families are forbidden to enter 8.No purchase is necessary to participate 9 The closing date for this month's competition is as printed on the entry coupon.

...And whilst they quit, they can keep their weight under control

5 out of 10 smokers remained quit at 4 weeks with NiQuitin cq® 4mg Lozenge.[1] NiQuitin cq® 4mg Lozenge can significantly reduce the weight gain associated with the first few months of quitting.[1]

Help your customers quit with NiQuitin

nicotine

NiQuitin CQ 2mg/4mg Lozenge and Mint Lozenge (nicotine). See SPC for full information. For relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults: 4mg if smoke within 30 minutes of waking. 2mg if longer. Weeks 1 to 6; 1 lozenge every 1 to 2 hours (min. 9 max. 15/day), weeks 7 to 9; 1 lozenge every 2 to 4 hours, weeks 10 to 12; 1 lozenge every 4 to 8 hours. Weeks 13-24, 1 to 2 lozenges per day only when strongly tempted to smoke. **Contraindications/ precautions:** Hypersensitivity, cardiovascular disease, urticaria, severe renal/hepatic impairment, phaeochromocytoma, hyperthyroidism, diabetes, phenylketonuria, low sodium diet. Swallowed nicotine may exacerbate oesophagitis, gastric/peptic ulcer. **Side effects:** Depression, irritability, anxiety, insomnia, headache, dizziness, cough, cold. Nausea, hiccup, flatulence, GI disturbance, appetite change, oral irritation/ulceration, nightmares, restlessness, mood change, pharyngitis, thirst, taste/sensory disturbance, dyspnoea, respiratory disorders, rashes, itching, sweating, numbness, flushes, vascular disorders, halitosis, chest pain, throat swelling, leg oedema, pain, malaise, wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. See SPC for full details. **Pregnancy/ lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. GSL **PL** 00079/0369, 0370, 0373 & 0374. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 36's £8.99, 72's £17.49. **Date of revision:** December 2005. **Reference:** 1. Shiffman S *et al.* Arch Intern Med 2002; **162:** 1267-1276.

gsk GlaxoSmithKline Consumer Healthcare